

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017**Open to Public
Inspection****A** For the 2017 calendar year, or tax year beginning

07/01, 2017, and ending

06/30, 2018

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

UNIVERSITY OF SOUTHERN CALIFORNIA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

UNIVERSITY GARDENS, UGB203

City or town, state or province, country, and ZIP or foreign postal code

LOS ANGELES, CA 90089-8003

F Name and address of principal officer:

DOCTOR WANDA M. AUSTIN

UNIVERSITY GARDENS UGB203 LOS ANGELES, CA 90089-8003

D Employer identification number

95-1642394

E Telephone number

(213) 821-1900

G Gross receipts \$ 5,604,030,490.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ HTTP://WWW.USC.EDU**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1895**M** State of legal domicile: CA**Part I Summary****1** Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a) **3** 57.**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** 52.**5** Total number of individuals employed in calendar year 2017 (Part V, line 2a) **5** 40,385.**6** Total number of volunteers (estimate if necessary) **6****7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 29,976,233.**b** Net unrelated business taxable income from Form 990-T, line 34 **7b** -19,829,242.**Revenue****8** Contributions and grants (Part VIII, line 1h) **Prior Year** 937,415,378. **Current Year** 927,957,977.**9** Program service revenue (Part VIII, line 2g) 4,005,388,630. 4,391,940,489.**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) 183,250,103. 280,360,974.**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,355,145. 2,677,065.**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,128,409,256. 5,602,936,505.**Expenses****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3) 513,955,318. 561,828,959.**14** Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,562,722,181. 2,776,301,988.**16a** Professional fundraising fees (Part IX, column (A), line 11e) 607,325. 643,214.**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 65,801,667.**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,599,945,822. 2,016,730,491.**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,677,230,646. 5,355,504,652.**19** Revenue less expenses. Subtract line 18 from line 12 451,178,610. 247,431,853.**Net Assets or Fund Balances****20** Total assets (Part X, line 16) **Beginning of Current Year** 11572918422. **End of Year** 12195450741.**21** Total liabilities (Part X, line 26) 3,148,520,752. 3,302,362,604.**22** Net assets or fund balances. Subtract line 21 from line 20. 8,424,397,670. 8,893,088,137.**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date



JAMES STATEN

SR VP FINANCE/CFO

Type or print name and title

Paid**Preparer Use Only**

Print/Type preparer's name

GWEN SPENCER

Preparer's signature

Date

05/07/2019

Check ☐ if self-employed

PTIN

P00641463

Firm's name ▶ PRICEWATERHOUSECOOPERS LLP

Firm's EIN ▶ 13-4008324

Firm's address ▶ 101 SEAPORT BLVD., SUITE 500 BOSTON, MA 02210

Phone no. 617-530-5000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Form **8868**

(Rev. January 2017)

Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File an
Exempt Organization Return**

► **File a separate application for each return.**
 ► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions	
Type or print	Name of exempt organization or other filer, see instructions.
File by the due date for filing your return. See instructions.	UNIVERSITY OF SOUTHERN CALIFORNIA
	Number, street, and room or suite no. If a P.O. box, see instructions.
	UNIVERSITY GARDENS, UGB203
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.
	LOS ANGELES, CA 90089-8003

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ERIK BRINK, UNIV COMPTROLLER

- The books are in the care of ► UNIV GARDENS UGB203 LOS ANGELES CA 90089

Telephone No. ► 213 821-1900

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 05/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20____ or► ☒ tax year beginning 07/01, 2017, and ending 06/30, 2018.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ☐ ☒ **X**

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,099,653,372. including grants of \$ 557,795,463.) (Revenue \$ 2,043,454,998.)

INSTRUCTION: 20,000 STUDENTS IN UNDERGRADUATE CLASSES: 27,500
STUDENTS IN GRADUATE AND PROFESSIONAL CLASSES: 5,218 BACHELOR
DEGREES CONFERRED AND 10,164 ADVANCED DEGREES CONFERRED IN
2017-2018.

4b (Code:) (Expenses \$ 1,678,183,000. including grants of \$) (Revenue \$ 1,378,902,158.)

HEALTH CARE SERVICES: THE DOCTORS OF USC ARE MORE THAN 500
PHYSICIANS AND SPECIALISTS WHO ARE FULL-TIME FACULTY MEMBERS OF
THE KECK SCHOOL OF MEDICINE OF USC. USC PHYSICIANS PRACTICE AT
KECK HOSPITAL OF USC, USC NORRIS CANCER HOSPITAL, USC VERDUGO
HILLS HOSPITAL, DOHENY EYE INSTITUTE, HEALTH CARE CENTERS ON THE
HEALTH SCIENCES CAMPUS AND IN DOWNTOWN LOS ANGELES, AND AT LOS
ANGELES COUNTY & USC MEDICAL CENTER AND CHILDRENS HOSPITAL LOS
ANGELES.

4c (Code:) (Expenses \$ 461,072,000. including grants of \$) (Revenue \$ 389,306,394.)

AUXILIARY ENTERPRISES: APPROXIMATELY 40,000 STUDENTS AND 16,000
FACULTY AND STAFF ARE SERVED BY THE BOOKSTORE, DINING SERVICES,
HOUSING, PARKING FACILITIES AND OTHER SERVICES THAT SUPPORT
EDUCATIONAL ACTIVITIES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 457,666,496. including grants of \$ 4,033,496.) (Revenue \$ 580,276,939.)

4e Total program service expenses ► 4,696,574,868.

Part IV Checklist of Required Schedules

		Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	1	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	6	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	9	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11b	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	12b	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 60,924		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 40,385		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country: <u>ATTACHMENT 1</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ X**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 57 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 52		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . .	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA, OK, WA,
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

ERIK BRINK, UNIV COMPTROLLER UNIV GARDENS UGB203 LOS ANGELES, CA 90089

213-821-1900

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICK J. CARUSO TRUSTEE/CHAIR (AS OF 5/31/18)	1.00 .50	X		X				0.	0.	0.
(2) MIRIAM ADELSON TRUSTEE	1.00 0.	X						0.	0.	0.
(3) MICHAEL E. ADLER TRUSTEE	1.00 0.	X						0.	0.	0.
(4) WALLIS ANNENBERG TRUSTEE	1.00 0.	X						0.	0.	0.
(5) WANDA M. AUSTIN TRUSTEE	1.00 0.	X						0.	0.	0.
(6) THOMAS J. BARRACK JR. TRUSTEE	1.00 0.	X						0.	0.	0.
(7) MARC R. BENIOFF TRUSTEE	1.00 0.	X						0.	0.	0.
(8) DAVID C. BOHNETT TRUSTEE	1.00 0.	X						0.	0.	0.
(9) CHARLES F. BOLDEN JR. TRUSTEE (AS OF 2/7/2018)	1.00 0.	X						0.	0.	0.
(10) JOSEPH M. BOSKOVICH SR. TRUSTEE	1.00 0.	X						0.	0.	0.
(11) ROBERT A. BRADWAY TRUSTEE	1.00 0.	X						0.	0.	0.
(12) JEANIE M. BUSS TRUSTEE	1.00 0.	X						0.	0.	0.
(13) CHARLES G. CALE TRUSTEE	1.00 0.	X						0.	0.	0.
(14) RAMONA L. CAPPELLO TRUSTEE	1.00 0.	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ALAN I. CASDEN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(16) RONNIE C. CHAN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(17) YANG HO CHO ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(18) CHRISTOPHER COX ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(19) FRANK H. CRUZ ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(20) DAVID H. DORNSIFE ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(21) SUZANNE DWORAK-PECK ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(22) MICHELE DEDEAUX ENGEMANN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(23) DANIEL J. EPSTEIN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(24) FRANK J. FERTITTA III ----- TRUSTEE (UNTIL 6/14/2018)	1.00 0.	X						0.	0.	0.
(25) STANLEY P. GOLD ----- TRUSTEE	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								31,099,370.	0.	2,526,515.
d Total (add lines 1b and 1c)								31,099,370.	0.	2,526,515.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 6039

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 678

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) TAMARA HUGHES GUSTAVSON TRUSTEE	1.00 0.	X						0.	0.	0.
(27) JANE HARMAN TRUSTEE	1.00 0.	X						0.	0.	0.
(28) MING HSIEH TRUSTEE	1.00 0.	X						0.	0.	0.
(29) SUZANNE NORA JOHNSON TRUSTEE	1.00 0.	X						0.	0.	0.
(30) LYDIA H. KENNARD TRUSTEE	1.00 0.	X						0.	0.	0.
(31) KENNETH R. KLEIN TRUSTEE	1.00 0.	X						0.	0.	0.
(32) JOHN KUSMIERSKY TRUSTEE	1.00 .50	X						0.	0.	0.
(33) JAIME L. LEE TRUSTEE (AS OF 5/31/2018)	1.00 0.	X						0.	0.	0.
(34) KATHY LEVENTHAL TRUSTEE	1.00 0.	X						0.	0.	0.
(35) MITCHELL LEW TRUSTEE (UNTIL 5/31/2018)	1.00 0.	X						0.	0.	0.
(36) WILLIAM J. MCMORROW TRUSTEE	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 6039

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) JOHN MORK ----- TRUSTEE/CHAIR (UNTIL 5/30/18)	1.00 ----- .50	X		X				0.	0.	0.
(38) OSCAR MUNOZ ----- TRUSTEE (AS OF 3/25/2018)	1.00 ----- 0.	X						0.	0.	0.
(39) ROD Y. NAKAMOTO ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(40) CARMEN NAVA ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(41) SHELLY L. NEMIROVSKY ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(42) DOMINIC NG ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(43) CHRYSOSTOMOS L. NIKIAS ----- PRESIDENT/TRUSTEE	50.00 ----- 1.50	X		X				1,706,942.	0.	857,016.
(44) J. KRISTOFFER POPOVICH ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(45) BLAKE QUINN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(46) EDWARD P. ROSKI JR. ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(47) AMY A. ROSS ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 6039

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) FREDERICK J. RYAN JR. ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(49) LEONARD D. SCHAEFFER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(50) WILLIAM E.B. SIART ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(51) JEFFREY H. SMULYAN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(52) STEVEN SPIELBERG ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(53) HELIANE M. STEDEN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(54) MARK A. STEVENS ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(55) RONALD D. SUGAR ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(56) TRACY M. SYKES ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(57) RATAN N. TATA ----- TRUSTEE (UNTIL 5/31/2018)	1.00 ----- 0.	X						0.	0.	0.
(58) DANIEL M. TSAI ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 6039

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) RONALD N. TUTOR ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(60) WENXUE WANG ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(61) MICHAEL QUICK ----- PROVOST/SR VP ACADEMIC AFFAIRS	50.00 ----- .50			X				917,798.	0.	37,655.
(62) TODD R. DICKEY ----- SR VP, ADMINISTRATION	50.00 ----- .50			X				833,976.	0.	39,646.
(63) JAMES M. STATEN ----- SR VP, FINANCE & CFO	50.00 ----- 1.25			X				1,800,032.	0.	157,605.
(64) ALBERT R. CHECCIO ----- SR VP, UNIVERSITY ADVANCEMENT	50.00 ----- .25			X				1,078,358.	0.	293,138.
(65) THOMAS S. SAYLES ----- SR VP, UNIV RELATIONS	50.00 ----- 0.			X				533,402.	0.	38,816.
(66) THOMAS E. JACKIEWICZ ----- SVP & CEO FOR KECK MEDICINE	50.00 ----- .50			X				2,322,895.	0.	42,215.
(67) CAROL MAUCH AMIR ----- SVP & GEN COUNSEL/SECRETARY	50.00 ----- .75			X				754,162.	0.	59,411.
(68) JAMES G. ELLIS ----- DEAN-MARSHALL SCHOOL OF BUS.	50.00 ----- .75				X			653,720.	0.	47,703.
(69) LISA ANN MAZZOCCO ----- CHIEF INVESTMENT OFFICER	50.00 ----- 0.				X			1,105,960.	0.	123,798.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 6039

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) AMBER MILLER SEE SCHEDULE O FOR TITLE	50.00 0.				X			582,856.	0.	60,354.
(71) LAURA MOSQUEDA SEE SCHEDULE O FOR TITLE	50.00 .75				X			524,352.	0.	40,308.
(72) ROHIT VARMA, MD SEE SCHEDULE O FOR TITLE	50.00 .75				X			1,423,257.	0.	48,210.
(73) YANNIS C. YORTSOS DEAN-VITERBI SCHOOL OF ENG.	50.00 .50				X			521,880.	0.	56,917.
(74) CHARLES HELTON HEAD FOOTBALL COACH	40.00 0.					X		3,111,485.	0.	107,450.
(75) VAUGHN A. STARNES, MD CHAIR & DIST PROF SURGERY	40.00 0.					X		2,773,169.	0.	58,999.
(76) ANDY ENFIELD HEAD BASKETBALL COACH	40.00 0.					X		2,732,358.	0.	56,790.
(77) INDERBIR SINGH GILL, MD PROF & CHAIR - UROLOGY	40.00 .50					X		2,594,021.	0.	113,943.
(78) LOUIS A. VANDERMOLLEN MD PROFESSOR OF CLINICAL MEDICINE	40.00 0.					X		2,165,844.	0.	48,286.
(79) DANI BYRD SEE SCHEDULE O FOR TITLE	40.00 0.						X	356,363.	0.	108,528.
(80) STEVE A. KAY SEE SCHEDULE O FOR TITLE	40.00 0.						X	777,494.	0.	82,633.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 6039

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

(A)

Name and title

(B)
Average
hours per
week (list any
hours for
related
organizations
below dotted
line)

(C)	
Position (do not check more than one box, unless person is both an officer and a director/trustee)	
Former	
Highest compensated employee	
Key employee	
Officer	
Institutional trustee	
Individual trustee or director	

(D)
Reportable
compensation
from
the
organization
(W-2/1099-MISC)

(E)	Reportable compensation from related organizations (W-2/1099-MISC)

(F)
Estimated
amount of
other
compensation
from the
organization
and related
organizations

[illegible]

1b Sub-total ▶

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c) ▶

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 6039

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
--	-----	----

	X	X
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)
Name and business address

(B)
Description of services

(C)
Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,119,420.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	356,342,918.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	570,495,639.			
	g	Noncash contributions included in lines 1a-1f: \$		66,521,426.			
	h	Total. Add lines 1a-1f		927,957,977.			
	Program Service Revenue		Business Code				
2a		TUITION & FEES	900099	2,043,454,998.	2,043,454,998.		
b		NET PATIENT SERVICE REVENUE	900099	1,378,902,158.	1,378,902,158.		
c		AUXILIARY ENTERPRISES	900099	389,306,394.	372,897,454.	16,408,940.	
d		PROFESSIONAL SERVICES AGREEMENT	900099	138,699,957.	138,699,957.		
e		SALES & SERVICE	900099	163,050,372.	125,523,769.	37,526,603.	
f		All other program service revenue		278,526,610.	278,526,610.		
g		Total. Add lines 2a-2f		4,391,940,489.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		58,143,179.		-23,674,784.	81,817,963.
	4	Income from investment of tax-exempt bond proceeds .		0.			
	5	Royalties		3,558,750.			3,558,750.
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			220,682,800.	1,534,995.			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)		220,682,800.	1,534,995.		
	d	Net gain or (loss)		222,217,795.		-284,526.	222,502,321.
	8a	Gross income from fundraising events (not including \$ 1,119,420. of contributions reported on line 1c). See Part IV, line 18	a	212,300.			
	b	Less: direct expenses	b	1,093,985.			
	c	Net income or (loss) from fundraising events.		-881,685.			-881,685.
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory.		0.				
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0.				
12	Total revenue. See instructions.		5,602,936,505.	4,338,004,946.	29,976,233.	306,997,349.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,674,913.	1,674,913.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	556,120,550.	556,120,550.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,033,496.	4,033,496.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	16,497,133.	7,334,059.	6,301,514.	2,861,560.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	754,188.	442,155.	46,249.	265,784.
7 Other salaries and wages	2,182,704,751.	1,988,444,136.	160,555,955.	33,704,660.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	208,359,755.	178,681,288.	25,739,612.	3,938,855.
9 Other employee benefits	273,293,872.	234,689,198.	33,562,459.	5,042,215.
10 Payroll taxes	94,692,289.	81,204,454.	11,697,762.	1,790,073.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	14,422,360.		14,422,360.	
c Accounting	2,592,871.		2,592,871.	
d Lobbying	423,124.	423,124.		
e Professional fundraising services. See Part IV, line 17.	643,214.			643,214.
f Investment management fees	15,427,534.		15,427,534.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0.			
12 Advertising and promotion	0.			
13 Office expenses	1,130,060,198.	1,051,326,606.	64,715,379.	14,018,213.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	42,049,025.	37,877,734.	3,650,013.	521,278.
17 Travel	63,995,384.	60,094,370.	3,057,638.	843,376.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	63,009,930.	49,173,372.	13,815,119.	21,439.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	261,391,543.	238,617,543.	20,623,000.	2,151,000.
23 Insurance	1,920,652.		1,920,652.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF GOODS SOLD	137,084,737.	137,084,737.		
b UNIVERSITY SERVICES	69,353,133.	69,353,133.		
c SETTLEMENT	215,000,000.		215,000,000.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,355,504,652.	4,696,574,868.	593,128,117.	65,801,667.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	777,207,754.	2	814,021,656.
	3 Pledges and grants receivable, net	628,632,992.	3	570,185,428.
	4 Accounts receivable, net	391,791,568.	4	444,221,850.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	8,553,152.	5	7,470,740.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	64,396,931.	7	61,114,437.
	8 Inventories for sale or use	19,811,865.	8	21,883,068.
	9 Prepaid expenses and deferred charges	269,094,178.	9	256,889,464.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6727169986.		
	b Less: accumulated depreciation.	10b 2583790203.		
		3,977,373,091.	10c	4,143,379,783.
	11 Investments - publicly traded securities	2,932,770,464.	11	3,166,078,983.
	12 Investments - other securities. See Part IV, line 11	2,207,661,364.	12	2,395,739,727.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	295,625,063.	15	314,465,605.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11572918422.	16	12195450741.	
Liabilities	17 Accounts payable and accrued expenses	588,008,102.	17	758,227,001.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	246,640,741.	19	261,893,736.
	20 Tax-exempt bond liabilities	185,761,743.	20	183,154,803.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	17,500,000.	22	17,500,000.
	23 Secured mortgages and notes payable to unrelated third parties	1,421,593,464.	23	1,421,839,869.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	689,016,702.	25	659,747,195.
	26 Total liabilities. Add lines 17 through 25.	3,148,520,752.	26	3,302,362,604.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,127,768,086.	27	4,113,028,836.
	28 Temporarily restricted net assets	1,912,395,980.	28	2,128,686,567.
	29 Permanently restricted net assets	2,384,233,604.	29	2,651,372,734.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	8,424,397,670.	33	8,893,088,137.
	34 Total liabilities and net assets/fund balances	11572918422.	34	12195450741.

Form **990** (2017)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,602,936,505.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,355,504,652.
3	Revenue less expenses. Subtract line 2 from line 1	3	247,431,853.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,424,397,670.
5	Net unrealized gains (losses) on investments	5	219,468,244.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,790,370.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,893,088,137.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2017)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF SOUTHERN CALIFORNIA

Employer identification number

95-1642394

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations.

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2017

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,029,935,649.	848,646,377.	898,061,389.	937,415,378.	927,957,977.	4,642,016,770.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	1,029,935,649.	848,646,377.	898,061,389.	937,415,378.	927,957,977.	4,642,016,770.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4						4,642,016,770.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	1,029,935,649.	848,646,377.	898,061,389.	937,415,378.	927,957,977.	4,642,016,770.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	50,425,076.	48,389,710.	50,753,408.	69,068,688.	61,701,929.	280,338,811.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	320,233.	101,404.	493,675.	202,411.	212,300.	1,330,023.
11 Total support. Add lines 7 through 10						4,923,685,604.
12 Gross receipts from related activities, etc. (see instructions)					12	15,391,689,800.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	94.28 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	93.88 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ☐

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>	10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		

Section B. Type I Supporting Organizations

		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations

		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). <div style="margin-left: 20px;"> a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). </div>			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10

OTHER INCOME REPRESENTS GROSS INCOME FROM FUNDRAISING EVENTS.

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

2017**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**For Organizations Exempt From Income Tax Under section 501(c) and section 527**▶ **Complete if the organization is described below.**▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.****If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

UNIVERSITY OF SOUTHERN CALIFORNIA

Employer identification number

95-1642394

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		805,102.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		
i Other activities?	X		
j Total. Add lines 1c through 1i			805,102.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year.	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information *(continued)*

SCHEDULE C, PART II-B, LINE 1(G)-(I)

THE UNIVERSITY OF SOUTHERN CALIFORNIA'S LOBBYING EFFORTS INCLUDE, THROUGH THE USE OF PAID STAFF, THE PROMOTION OF HIGHER APPROPRIATIONS FOR STUDENT AID AND BASIC RESEARCH PROGRAMS AND EFFORTS TO GENERALLY FURTHER THE UNIVERSITY'S MISSION OF EDUCATION AND RESEARCH AT THE LOCAL, STATE AND FEDERAL LEVEL.

THE UNIVERSITY ALSO PAYS DUES TO MEMBER ORGANIZATIONS WHICH MAY LOBBY ON ITS BEHALF. AMOUNTS ASSOCIATED WITH MEMBER DUES ARE NOT REPORTED IN PART II-B.

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF SOUTHERN CALIFORNIA

Employer identification number

95-1642394

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	6 .	
2 Aggregate value of contributions to (during year)	2,538,703 .	
3 Aggregate value of grants from (during year)	8,646,523 .	
4 Aggregate value at end of year	27,344,668 .	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ 31,354,223 .

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☒ Public exhibition **d** ☒ Loan or exchange programs
b ☒ Scholarly research **e** ☒ Other EDUCATION
c ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	222,491,133.
1d Additions during the year	20,612,409.
1e Distributions during the year	11,467,461.
1f Ending balance	231,636,081.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4876143064.	4371419736.	4511866099.	4392817799.	3689898845.
b Contributions	179,791,712.	176,085,163.	164,261,117.	152,516,218.	158,946,757.
c Net investment earnings, gains, and losses	450,633,689.	543,468,688.	-107908309.	147,475,858.	710,037,195.
d Grants or scholarships	47,999,221.	44,660,935.	41,057,640.	37,788,447.	34,447,250.
e Other expenditures for facilities and programs	167,411,661.	161,668,858.	147,972,885.	135,988,210.	125,143,900.
f Administrative expenses	8,872,700.	8,500,730.	7,768,646.	7,167,119.	6,473,848.
g End of year balance	5282284883.	4876143064.	4371419736.	4511866099.	4392817799.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 28.0000 %
b Permanent endowment 72.0000 %
c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		196,738,085.		196,738,085.
b Buildings		5136914478.	1673962859.	3,462,951,619.
c Leasehold improvements				
d Equipment		677,721,775.	606,827,519.	70,894,256.
e Other		715,795,648.	302,999,825.	412,795,823.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,143,379,783.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS -		
(B) HEDGE FUND	1,075,087,540.	FMV
(C) ALTERNATIVE INVESTMENTS -		
(D) PRIVATE EQUITY	1,320,652,187.	FMV
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	2,395,739,727.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACTUARIAL LIABILITY		
(3) FOR ANNUITIES PAYABLES	108,842,487.	
(4) SELF INSURANCE RESERVES	264,903,845.	
(5) FEDERAL STUDENT LOAN FUNDS	64,319,074.	
(6) ASSET RETIREMENT OBLIGATION	126,864,999.	
(7) REFUNDABLE ADVANCES	15,973,692.	
(8) CAPITAL LEASE OBLIGATION	74,222,373.	
(9) OTHER LIABILITIES	4,620,725.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	659,747,195.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
---------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
----------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b		4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5		

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4

THE UNIVERSITY OF SOUTHERN CALIFORNIA RETAINS MULTIPLE COLLECTIONS OF ART, HISTORICAL TREASURES AND OTHER SIMILAR ASSETS SUCH AS BOOKS, SCRIPTS, FILMS AND PHOTOGRAPHY. THESE COLLECTIONS ARE PROTECTED AND PRESERVED FOR EDUCATION, RESEARCH AND PUBLIC EXHIBITION PURPOSES.

SCHEDULE D, PART IV, LINE 1B

THE UNIVERSITY ACTS AS THE FISCAL AGENT FOR FUNDS RELATED TO UNIVERSITY SPONSORED AND/OR AFFILIATED PROGRAMS. THE UNIVERSITY DOES NOT OWN THE FUNDS ASSOCIATED WITH THESE PROGRAMS.

SCHEDULE D, PART V, LINE 4

THE INTENT OF THE UNIVERSITY'S ENDOWMENT FUNDS IS TO GENERATE THE REVENUES NECESSARY TO SUPPORT THE UNIVERSITY'S EXEMPT PURPOSES, INCLUDING EDUCATION, RESEARCH AND SCHOLARSHIPS.

SCHEDULE D, PART X, LINE 2

THE UNIVERSITY OF SOUTHERN CALIFORNIA DOES NOT HAVE A FIN 48 FOOTNOTE AS ANY UNCERTAIN TAX POSITIONS WERE DEEMED IMMATERIAL.

**SCHEDULE E
(Form 990 or 990-EZ)****Schools**

OMB No. 1545-0047

2017**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.**▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

UNIVERSITY OF SOUTHERN CALIFORNIA

Employer identification number

95-1642394

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
SEE SUPPLEMENTAL PAGE		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

SCHEDULE E - EXPLANATION FOR LINE 3

NON-DISCRIMINATION POLICY

THE UNIVERSITY OF SOUTHERN CALIFORNIA IS AN EQUAL OPPORTUNITY EMPLOYER AND EDUCATOR. PROUDLY PLURALISTIC AND FIRMLY COMMITTED TO PROVIDING EQUAL OPPORTUNITY FOR OUTSTANDING MEN AND WOMEN OF EVERY RACE, CREED AND BACKGROUND, THE UNIVERSITY STRIVES TO BUILD A COMMUNITY IN WHICH EACH PERSON RESPECTS THE RIGHTS OF OTHER PEOPLE TO LIVE, WORK AND LEARN IN PEACE AND DIGNITY, TO BE PROUD OF WHO AND WHAT THEY ARE, AND TO HAVE EQUAL OPPORTUNITY TO REALIZE THEIR FULL POTENTIAL AS INDIVIDUALS AND MEMBERS OF SOCIETY. TO THIS END, THE UNIVERSITY PLACES GREAT EMPHASIS ON THOSE VALUES AND VIRTUES THAT BIND US TOGETHER AS HUMAN BEINGS AND MEMBERS OF THE TROJAN FAMILY. THE UNIVERSITY ENTHUSIASTICALLY SUPPORTS THIS POLICY IN ITS ENTIRETY, AND EXPECTS THAT EVERY PERSON ASSOCIATED WITH THE UNIVERSITY WILL GIVE CONTINUING SUPPORT TO ITS IMPLEMENTATION.

THE UNIVERSITY IS COMMITTED TO COMPLYING WITH ALL APPLICABLE LAWS AND GOVERNMENTAL REGULATIONS AT EVERY LEVEL OF GOVERNMENT WHICH PROHIBIT DISCRIMINATION AGAINST, OR WHICH MANDATE THAT SPECIAL CONSIDERATION BE GIVEN TO STUDENTS AND APPLICANTS FOR ADMISSION, OR FACULTY, STAFF AND APPLICANTS FOR EMPLOYMENT ON THE BASIS OF ANY PROTECTED CATEGORY, INCLUDING RACE, COLOR, NATIONAL ORIGIN, ANCESTRY, RELIGION, GENDER, SEXUAL ORIENTATION, AGE, PHYSICAL DISABILITY, MENTAL DISABILITY, MARITAL STATUS, VETERAN STATUS, GENETIC INFORMATION, OR ANY OTHER CHARACTERISTIC WHICH MAY FROM TIME TO TIME BE SPECIFIED IN SUCH LAWS AND REGULATIONS. GENDER INCLUDES BOTH THE ACTUAL SEX OF AN INDIVIDUAL AND THAT PERSON'S GENDER IDENTITY, APPEARANCE OR BEHAVIOR, WHETHER OR NOT THAT IDENTITY, APPEARANCE OR BEHAVIOR IS TRADITIONALLY ASSOCIATED WITH THAT PERSON'S SEX

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

AT BIRTH.

THIS POLICY APPLIES TO ALL OF THE UNIVERSITY'S EDUCATIONAL PROGRAMS AND ACTIVITIES INCLUDING ADMISSIONS, AND ALL PERSONNEL ACTIVITIES INCLUDING BUT NOT LIMITED TO RECRUITING, HIRING, PROMOTION, DEMOTION, COMPENSATION, BENEFITS, TRANSFERS, LAYOFFS, RETURN FROM LAYOFF, PROVISION OF LEAVES, TRAINING, EDUCATION, TUITION ASSISTANCE AND OTHER PROGRAMS. IN ADDITION, AN OTHERWISE QUALIFIED INDIVIDUAL MUST NOT BE DISCRIMINATED AGAINST IN, OR EXCLUDED FROM, ADMISSIONS, PARTICIPATION IN EDUCATIONAL PROGRAMS AND ACTIVITIES, OR EMPLOYMENT SOLELY DUE TO HIS OR HER DISABILITY.

THE UNIVERSITY SEEKS COMPLIANCE WITH ALL STATUTES PROHIBITING DISCRIMINATION IN EDUCATION, INCLUDING TITLE VI AND TITLE VII OF THE CIVIL RIGHTS ACT OF 1964, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, SECTION 504 OF THE REHABILITATION ACT OF 1973, THE AGE DISCRIMINATION ACT OF 1975, AND THE AMERICANS WITH DISABILITIES ACT OF 1990 WHICH RESPECTIVELY PROHIBIT DISCRIMINATION. THIS GOOD FAITH EFFORT TO COMPLY IS MADE EVEN WHEN SUCH LAWS AND REGULATIONS CONFLICT WITH EACH OTHER. THE UNIVERSITY WILL MAKE REASONABLE ACCOMMODATIONS FOR QUALIFIED INDIVIDUALS WITH KNOWN DISABILITIES UNLESS DOING SO WOULD RESULT IN UNDUE HARDSHIP.

IN GENERAL, THE UNIVERSITY DOES NOT SOLICIT OUTSIDE OF ITS WEBSITE AND ADMISSIONS MATERIALS. THE UNIVERSITY'S NON-DISCRIMINATION POLICY IS ON THE UNIVERSITY'S WEBSITE, IN THE FACULTY HANDBOOK, IN SCAMPUS (THE STUDENT HANDBOOK), AND ALSO IN THE UNIVERSITY COURSE CATALOGUE. IN ADDITION, IT IS COMMUNICATED TO ALL STUDENTS DURING ORIENTATION, TO ALL NEW EMPLOYEES WITHIN 60 DAYS OF HIRE, AND TO ALL EMPLOYEES EVERY 2 YEARS

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.
Also provide any other additional information (see instructions).

AS PART OF THE UNIVERSITY'S HARASSMENT AND DISCRIMINATION PREVENTION
TRAINING.

SCHEDULE E - EXPLANATION FOR LINE 6A

THE UNIVERSITY OF SOUTHERN CALIFORNIA RECEIVES FUNDING FROM VARIOUS
FEDERAL AND STATE GOVERNMENTAL AGENCIES IN SUPPORT OF THE UNIVERSITY'S
EDUCATIONAL MISSION.

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF SOUTHERN CALIFORNIA

Employer identification number

95-1642394

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	8.	PROGRAM SERVICES	INSTRUCT, EXCUR, TRAVEL	187,613.
(2) EAST ASIA AND THE PACIFIC	5.	65.	PROGRAM SERVICES	INSTRUCT, EXCUR, TRAVEL	1,812,883.
(3) EUROPE	1.	61.	PROGRAM SERVICES	INSTRUCT, EXCUR, TRAVEL	3,189,506.
(4) MIDDLE EAST AND NORTH AFRICA	0.	6.	PROGRAM SERVICES	INSTRUCT, EXCUR, TRAVEL	298,758.
(5) NORTH AMERICA	1.	13.	PROGRAM SERVICES	INSTRUCT, EXCUR, TRAVEL	277,152.
(6) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	INSTRUCT, EXCUR, TRAVEL	91,434.
(7) SOUTH AMERICA	1.	2.	PROGRAM SERVICES	INSTRUCT, EXCUR, TRAVEL	109,414.
(8) SOUTH ASIA	1.	1.	PROGRAM SERVICES	INSTRUCT, EXCUR, TRAVEL	184,608.
(9) SUB-SAHARAN AFRICA	0.	2.	PROGRAM SERVICES	INSTRUCT, EXCUR, TRAVEL	83,843.
(10) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	RESEARCH	5,699.
(11) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	RESEARCH	177,117.
(12) EUROPE	0.	0.	PROGRAM SERVICES	RESEARCH	107,464.
(13) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	RESEARCH	60,570.
(14) NORTH AMERICA	0.	0.	PROGRAM SERVICES	RESEARCH	13,057.
(15) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	RESEARCH	52,726.
(16) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	RESEARCH	25,622.
(17) SOUTH ASIA	0.	0.	PROGRAM SERVICES	RESEARCH	7,134.
3a Sub-total	9.	158.			6,684,600.
b Total from continuation sheets to Part I		172.			924,605,687.
c Totals (add lines 3a and 3b)	9.	330.			931,290,287.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

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**SCHEDULE F
(Form 990)****Statement of Activities Outside the United States**

OMB No. 1545-0047

2017**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

UNIVERSITY OF SOUTHERN CALIFORNIA

Employer identification number

95-1642394

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	RESEARCH	62,174.
(2) EAST ASIA AND THE PACIFIC	0.	19.	PROGRAM SERVICES	STUDENT ABROAD	419,073.
(3) EUROPE	0.	9.	PROGRAM SERVICES	STUDENT ABROAD	384,416.
(4) NORTH AMERICA	0.	3.	PROGRAM SERVICES	STUDENT ABROAD	50,264.
(5) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	STUDENT ABROAD	2,012.
(6) SOUTH ASIA	0.	0.	PROGRAM SERVICES	STUDENT ABROAD	3,000.
(7) SUB-SAHARAN AFRICA	0.	1.	PROGRAM SERVICES	STUDENT ABROAD	500.
(8) CENTRAL AMERICA/CARIBBEAN	0.	1.	PROGRAM SERVICES	RECRUITMENT	157,778.
(9) EAST ASIA AND THE PACIFIC	0.	23.	PROGRAM SERVICES	RECRUITMENT	1,916,432.
(10) EUROPE	0.	1.	PROGRAM SERVICES	RECRUITMENT	239,765.
(11) NORTH AMERICA	0.	1.	PROGRAM SERVICES	RECRUITMENT	4,387.
(12) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	RECRUITMENT	14,826.
(13) SOUTH AMERICA	0.	1.	PROGRAM SERVICES	RECRUITMENT	130,899.
(14) SUB-SAHARAN AFRICA	0.	1.	PROGRAM SERVICES	RECRUITMENT	182,943.
(15) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	GLOBALIZATION	111.
(16) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	GLOBALIZATION	151,004.
(17) EUROPE	0.	0.	PROGRAM SERVICES	GLOBALIZATION	54,190.
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF SOUTHERN CALIFORNIA

Employer identification number

95-1642394

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA	0.	0.	PROGRAM SERVICES	GLOBALIZATION	1,289.
(2) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	PREVNT MED & GLOBAL ME	12,264.
(3) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	PREVNT MED & GLOBAL ME	62,895.
(4) EUROPE	0.	0.	PROGRAM SERVICES	PREVNT MED & GLOBAL ME	56,015.
(5) NORTH AMERICA	0.	0.	PROGRAM SERVICES	PREVNT MED & GLOBAL ME	6,732.
(6) SOUTH ASIA	0.	0.	PROGRAM SERVICES	PREVNT MED & GLOBAL ME	7,010.
(7) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	PREVNT MED & GLOBAL ME	56,190.
(8) EAST ASIA AND THE PACIFIC	0.	78.	PROGRAM SERVICES	INTL EXP LEARNING	2,932,636.
(9) EUROPE	0.	22.	PROGRAM SERVICES	INTL EXP LEARNING	541,589.
(10) MIDDLE EAST AND NORTH AFRICA	0.	1.	PROGRAM SERVICES	INTL EXP LEARNING	160,797.
(11) SOUTH AMERICA	0.	11.	PROGRAM SERVICES	INTL EXP LEARNING	605,932.
(12) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		1,245,978.
(13) EUROPE	0.	0.	GRANTMAKING		1,663,309.
(14) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		46,209.
(15) NORTH AMERICA	0.	0.	GRANTMAKING		1,042,734.
(16) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		35,265.
(17) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		805,462,455.
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

**SCHEDULE F
(Form 990)****Statement of Activities Outside the United States**

OMB No. 1545-0047

2017**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

UNIVERSITY OF SOUTHERN CALIFORNIA

Employer identification number

95-1642394

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	0.	0.	INVESTMENTS		6,296,025.
(2) EUROPE	0.	0.	INVESTMENTS		100,596,589.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

JSA

7E1274 1.000

79590J 7377

V 17-7.10

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	RSCH SUBAWRD	26,241.				
(2)			EUROPE/ICELAND/GREENLAND	RSCH SUBAWRD	7,036.				
(3)			MIDDLE EAST/NORTH AFRICA	RSCH SUBAWRD	31,850.				
(4)			EUROPE/ICELAND/GREENLAND	RSCH SUBAWRD	114,657.				
(5)			EUROPE/ICELAND/GREENLAND	RSCH SUBAWRD	65,266.				
(6)			EUROPE/ICELAND/GREENLAND	RSCH SUBAWRD	58,609.				
(7)			EAST ASIA/PACIFIC	RSCH SUBAWRD	517,508.				
(8)			NORTH AMERICA	RSCH SUBAWRD	171,542.				
(9)			EAST ASIA/PACIFIC	RSCH SUBAWRD	92,018.				
(10)			EUROPE/ICELAND/GREENLAND	RSCH SUBAWRD	39,015.				
(11)			MIDDLE EAST/NORTH AFRICA	RSCH SUBAWRD	14,359.				
(12)			EAST ASIA/PACIFIC	RSCH SUBAWRD	77,578.				
(13)			SUB-SAHARAN AFRICA	RSCH SUBAWRD	9,734.				
(14)			NORTH AMERICA	RSCH SUBAWRD	30,237.				
(15)			EUROPE/ICELAND/GREENLAND	RSCH SUBAWRD	14,064.				
(16)			NORTH AMERICA	RSCH SUBAWRD	110,070.				

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ►

3 Enter total number of other organizations or entities ►

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	RSCH SUBAWRD	146,440.				
(2)			NORTH AMERICA	RSCH SUBAWRD	431,390.				
(3)			EAST ASIA/PACIFIC	RSCH SUBAWRD	10,800.				
(4)			EAST ASIA/PACIFIC	RSCH SUBAWRD	56,751.				
(5)			EUROPE/ICELAND/GREENLAND	RSCH SUBAWRD	78,339.				
(6)			EUROPE/ICELAND/GREENLAND	RSCH SUBAWRD	283,296.				
(7)			EUROPE/ICELAND/GREENLAND	RSCH SUBAWRD	162,138.				
(8)			EUROPE/ICELAND/GREENLAND	RSCH SUBAWRD	188,750.				
(9)			EUROPE/ICELAND/GREENLAND	RSCH SUBAWRD	434,037.				
(10)			EUROPE/ICELAND/GREENLAND	RSCH SUBAWRD	184,950.				
(11)			NORTH AMERICA	RSCH SUBAWRD	19,263.				
(12)			EAST ASIA/PACIFIC	RSCH SUBAWRD	171,139.				
(13)			NORTH AMERICA	RSCH SUBAWRD	31,990.				
(14)			NORTH AMERICA	RSCH SUBAWRD	118,855.				
(15)			NORTH AMERICA	RSCH SUBAWRD	13,922.				
(16)			EAST ASIA/PACIFIC	RSCH SUBAWRD	273,500.				

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	RSCH SUBAWRD	12,500.				
(2)			EUROPE/ICELAND/GREENLAND	RSCH SUBAWRD	29,050.				
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 34.
- 3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☒ Yes ☐ No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☒ Yes ☐ No

Schedule F (Form 990) 2017

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

THE UNIVERSITY WIRES ITS OFFICE EXPENSES ON A MONTHLY BASIS. THE MONTHLY EXPENSES CONSIST OF FIXED COSTS: PAYROLL, RENT, OCCUPANCY COSTS (SUCH AS PHONE/INTERNET/FAX, CLEANING, ELECTRICITY), CONSULTANTS SUCH AS ACCOUNTANTS, BANK FEES AND NON-FIXED, SUCH AS SUPPLIES, TRAVEL, MEALS AND ENTERTAINMENT AND SOME MISCELLANEOUS COSTS. THE OFFICES SEND THEIR EXPENSE REPORTS INCLUDING BACKUP (INVOICES/RECEIPTS) TO THE UNIVERSITY ALONG WITH MONTHLY BANK STATEMENTS. ALL EXPENDITURES DOMESTIC AND INTERNATIONAL MUST COMPLY WITH OUR EXPENDITURE MANUAL AND THE UNIVERSITY'S SENIOR BUSINESS OFFICERS ARE RESPONSIBLE FOR COMPLYING WITH THESE POLICIES AND REGULATIONS.

EXPENDITURES RELATED TO RESEARCH GRANTS ARE CONTINUALLY MONITORED BY PRINCIPAL INVESTIGATORS ASSOCIATED WITH THAT AWARD.

SCHEDULE F, PART I, LINE 3, COLUMN (F) AND SCHEDULE F, PART II, LINE 1 EXPENSES REPORTED IN SCHEDULE F, PART I, LINE 3, COLUMN (F) AND SCHEDULE F, PART II, LINE 1 ARE DERIVED FROM USC'S BOOKS AND RECORDS, WHICH ARE MAINTAINED ON THE ACCRUAL BASIS OF ACCOUNTING.

PUBLIC DISCLOSURE COPY

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest instructions.

Name of the organization

UNIVERSITY OF SOUTHERN CALIFORNIA

Employer identification number

95-1642394

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 RUFFALO CODY/NOEL LEVITZ	PHONE SOLICIT.		X	612,936.	643,214.	-30,278.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				612,936.	643,214.	-30,278.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AR, CA, CO, CT, FL, GA, IN,

IA, KS, KY, LA, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH,

OR, PA, SC, SD, TN, VT, VA, WA, WI,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 ALUMNI AWARDS (event type)	(b) Event #2 SCRIPTER AWARD (event type)	(c) Other events 1. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	808,065.	382,005.	141,650.	1,331,720.
	2 Less: Contributions	643,415.	356,855.	119,150.	1,119,420.
	3 Gross income (line 1 minus line 2).	164,650.	25,150.	22,500.	212,300.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	5,956.	13,355.	1,736.	21,047.
	6 Rent/facility costs	62,770.	123,602.	15,548.	201,920.
	7 Food and beverages	214,952.	50,627.	159,449.	425,028.
	8 Entertainment	114,865.	645.	166,357.	281,867.
	9 Other direct expenses	116,667.	9,982.	37,474.	164,123.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,093,985.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-881,685.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE H
(Form 990)****Hospitals**

OMB No. 1545-0047

2017**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

UNIVERSITY OF SOUTHERN CALIFORNIA

Employer identification number

95-1642394

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,771,162.		2,771,162.	.05
b Medicaid (from Worksheet 3, column a)			265,366,375.	256,209,269.	9,157,106.	.17
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			268,137,537.	256,209,269.	11,928,268.	.22
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			896,758.		896,758.	.02
f Health professions education (from Worksheet 5)			55,575,508.	19,153,972.	36,421,536.	.68
g Subsidized health services (from Worksheet 6)			168,346,039.	113,062,966.	55,283,073.	1.03
h Research (from Worksheet 7)			307,744,050.	307,744,050.		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			423,503.		423,503.	.01
j Total. Other Benefits			532,985,858.	439,960,988.	93,024,870.	1.74
k Total. Add lines 7d and 7j.			801,123,395.	696,170,257.	104,953,138.	1.96

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2017

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			31,583.		31,583.	
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			5,338.		5,338.	
7 Community health improvement advocacy						
8 Workforce development			1,604.		1,604.	
9 Other						
10 Total			38,525.		38,525.	

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	-8,437,086.	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	343,350,790.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	434,196,146.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-90,845,356.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 SEE PART VI	AMBULATORY SURGICAL	20.00000		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 3

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER/24 hours	ER-other	Other (describe)	Facility reporting group
1 KECK HOSPITAL OF USC 1500 SAN PABLO STREET LOS ANGELES CA 90089 WWW.KECKMEDICINE.ORG 930000459	X	X		X		X				A
2 USC NORRIS CANCER HOSPITAL 1441 EASTLAKE AVENUE LOS ANGELES CA 90089 WWW.CANCER.KECKMEDICINE.ORG 930000267	X	X		X		X				A
3 USC VERDUGO HILLS HOSPITAL 1812 VERDUGO BLVD GLENDALE CA 91208 WWW.USCVHH.ORG 930000173	X	X					X			B
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1-2

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	3	X
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	X
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>KECKMEDICINE.ORG/COMMUNITY-BENEFIT</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>KECKMEDICINE.ORG/COMMUNITY-BENEFIT</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group BLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3**Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>USCVHH.ORG/GIVING/COMMUNITY-BENEFIT</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>USCVHH.ORG/GIVING/COMMUNITY-BENEFIT</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group A

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>350.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group B

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>350.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group A

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:	19		X
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group B

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:	19		X
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

		Yes	No
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why:	21	X	
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group A

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

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Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group B

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

A

FACILITY REPORTING GROUP A

KECK HOSPITAL OF USC & USC NORRIS CANCER HOSPITAL

PART V, SECTION B, LINE 5:

FIFTEEN TARGETED INTERVIEWS (DURING FEBRUARY & MARCH 2016) WERE USED TO GATHER INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITALS. INTERVIEWEES INCLUDED INDIVIDUALS WHO ARE LEADERS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY POPULATIONS, OR REGIONAL, STATE OR LOCAL HEALTH OR OTHER DEPARTMENTS OR AGENCIES THAT HAVE "CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITIES."

COMMUNITY INPUT WAS OBTAINED FROM REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS:

CLINICIA MONSEÑOR OSCAR A. ROMERO

USC MRS T.H. CHAN DIVISION OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY

SOUTHERN CALIFORNIA CLINICAL & TRANSLATIONAL SCIENCE INSTITUTE

EAST LA COMMUNITY CORPORATION

USC PRICE SCHOOL OF PUBLIC POLICY

KECK HOSPITAL - USC NORRIS CANCER HOSPITAL

CALIFORNIA DIVISION, AMERICAN CANCER SOCIETY

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

LA COUNTY DEPARTMENT OF HEALTH SERVICES AMBULATORY CARE NETWORK

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

USC DIVISION OF BIOKINESIOLOGY AND PHYSICAL THERAPY AT THE OSTROW SCHOOL
OF DENTISTRY

WESPAK CANCER SUPPORT CENTER

PROYECTO PASTORAL

DR. FRANCISCO BRAVO MEDICAL MAGNET HIGH SCHOOL

USC HEALTH SCIENCES CAMPUS COMMUNITY PARTNERSHIPS

IDREAM FOR RACIAL HEALTH EQUITY

SECONDARY DATA WERE COLLECTED FROM A VARIETY OF SOURCES TO PRESENT LOS
ANGELES COUNTY DEMOGRAPHIC PROFILE, SOCIAL AND ECONOMIC FACTORS, HEALTH
ACCESS, MORTALITY, BIRTH CHARACTERISTICS, CHRONIC DISEASE, HEALTH
BEHAVIORS, MENTAL HEALTH, SUBSTANCE ABUSE, AND PREVENTIVE PRACTICES.

SOURCES OF DATA INCLUDE THE U.S. CENSUS AMERICAN COMMUNITY SURVEY, THE
CALIFORNIA HEALTH INTERVIEW SURVEY, THE CALIFORNIA DEPARTMENT OF PUBLIC
HEALTH, THE CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT, THE LOS ANGELES
COUNTY HEALTH SURVEY, THE LOS ANGELES HOMELESS SERVICES AUTHORITY, THE
UNIFORM DATA SYSTEM, THE NATIONAL CANCER INSTITUTE, THE CALIFORNIA
DEPARTMENT OF EDUCATION, AND OTHERS. WHEN PERTINENT, THESE DATA SETS ARE
PRESENTED IN THE CONTEXT OF CALIFORNIA STATE.

PART V, SECTION B, LINE 6(A):

THE CHNA WAS CONDUCTED FOR KECK HOSPITAL OF USC AND USC NORRIS CANCER
HOSPITAL.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 11:

THE IMPLEMENTATION STRATEGY ADOPTED BY EACH HOSPITAL ACTIVELY ADDRESSES
THE HEALTH NEEDS THAT WERE IDENTIFIED IN THE CHNA AS "PRIORITY HEALTH
NEEDS."

THE NEEDS THAT WILL BE ADDRESSED BY KECK HOSPITAL OF USC THROUGH ITS
COMMUNITY BENEFIT PROGRAMS AND ACTIVITIES ARE:

- ACCESS TO CARE
- CHRONIC DISEASES
- OVERWEIGHT/OBESITY

THE NEEDS THAT WILL BE ADDRESSED BY USC NORRIS CANCER HOSPITAL THROUGH
ITS COMMUNITY BENEFIT PROGRAMS AND ACTIVITIES ARE:

- CANCER
- ACCESS TO CARE
- CHRONIC DISEASES
- OVERWEIGHT/OBESITY

THE IMPLEMENTATION STRATEGIES ADOPTED BY KECK HOSPITAL OF USC AND NORRIS
CANCER HOSPITAL ACTIVELY ADDRESS HEALTH NEEDS THAT WERE IDENTIFIED IN THE
CHNA AS PRIORITY HEALTH NEEDS. KECK HOSPITAL OF USC AND NORRIS CANCER
HOSPITAL PLAN TO MEET THE IDENTIFIED PRIORITY HEALTH NEEDS THROUGH A
COMMITMENT OF RESOURCES WITH SPECIFIC PROGRAMS AND SERVICES. FOR EACH
HEALTH NEED THE HOSPITAL PLANS TO ADDRESS, THE IMPLEMENTATION STRATEGY
FOR EACH HOSPITAL DESCRIBES: ACTIONS THE HOSPITALS INTEND TO TAKE,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

INCLUDING PROGRAMS AND RESOURCES THEY PLAN TO COMMIT, PLANNED

COLLABORATION BETWEEN THE HOSPITALS AND COMMUNITY ORGANIZATIONS, AND

ANTICIPATED IMPACTS OF THESE ACTIONS.

CERTAIN OTHER HEALTH NEEDS WERE IDENTIFIED BUT ARE NOT SPECIFICALLY

ADDRESSED IN THE IMPLEMENTATION STRATEGY. THESE INCLUDE, FOR EXAMPLE:

DENTAL HEALTH, MENTAL HEALTH, COMMUNITY SAFETY, STDS AND SUBSTANCE ABUSE.

WHILE THE HOSPITALS ADDRESS THESE ISSUES ON A DAY TO DAY BASIS IN THE

NORMAL COURSE OF OPERATIONS, THEY HAVE CHOSEN NOT TO FOCUS THESE

IMPLEMENTATION PLANS ON THESE OTHER NEEDS BECAUSE THEY BELIEVE THEY CAN

HAVE A GREATER IMPACT ON THE PRIORITY HEALTH NEEDS SELECTED. THESE OTHER

HEALTH NEEDS ARE LESS ALIGNED WITH THE HOSPITALS' STRATEGIC INITIATIVES.

PART V, SECTION B, LINE 16(A)-(C):

WWW.KECKMEDICINE.ORG/FINANCIAL-ASSISTANCE-PROGRAM/

PART V, SECTION B, LINE 16(J): PLEASE REFER TO PATIENT EDUCATION OF

ELIGIBILITY FOR ASSISTANCE IN PART VI.

PART V, SECTION B, LINE 20(E):

THE HOSPITALS NOTIFIED INDIVIDUALS OF THE FINANCIAL ASSISTANCE POLICY IN

COMMUNICATIONS WITH THE INDIVIDUALS REGARDING THE INDIVIDUALS' BILLS.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

B

FACILITY REPORTING GROUP B

USC VERDUGO HILLS HOSPITAL

PART V, SECTION B, LINE 5:

TWO COMMUNITY FOCUS GROUPS HELD ON TUESDAY, APRIL 5 AND THURSDAY, APRIL 7, 2016 WERE ATTENDED BY 48 PEOPLE INCLUDING HEALTH CARE PROFESSIONALS, SOCIAL SERVICE PROVIDERS, CITY AND PUBLIC HEALTH OFFICIALS, MEMBERS FROM THE LOCAL POLICE DEPARTMENT AND OTHER COMMUNITY LEADERS. PARTICIPANTS WERE INVITED BY THE GLENDALE HOSPITAL COLLABORATIVE, LEVERAGING ITS EXTENSIVE NETWORKS AND RELATIONSHIPS WITHIN THE GREATER GLENDALE AREA AND THE GLENDALE HEALTHIER COMMUNITY COALITION. THESE STAKEHOLDERS REPRESENTED A BROAD RANGE OF GEOGRAPHIC, PUBLIC HEALTH, AND POPULATION INTEREST IN COMPLIANCE WITH THE ACA.

THE GOAL OF THIS COMPONENT OF THE CHNA WAS TO IDENTIFY BROAD HEALTH OUTCOMES AND DRIVERS (WHICH, COMBINED ARE HEALTH NEEDS), AS WELL AS ASSETS AND GAPS IN RESOURCES, THROUGH THE PERCEPTIONS AND KNOWLEDGE OF VARIED AND MULTIPLE STAKEHOLDERS.

THE CHNA INCLUDED THE COLLECTION OF OVER 300 DATA INDICATORS THAT HELPED ILLUSTRATE THE HEALTH STATES OF THE COMMUNITY. SECONDARY DATA WERE COLLECTED FROM A WIDE RANGE OF LOCAL, COUNTY, STATE, AND NATIONAL SOURCES TO PRESENT DEMOGRAPHICS, MORTALITY, MORBIDITY, HEALTH BEHAVIORS, CLINICAL CARE, SOCIAL AND ECONOMIC FACTORS, AND PHYSICAL ENVIRONMENT. THESE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CATEGORIES ARE BASED ON THE MOBILIZING ACTION TOWARD COMMUNITY HEALTH
(MATCH) FRAMEWORK, WHICH ILLUSTRATES THE INTERRELATIONSHIPS AMONG THE
ELEMENTS OF HEALTH AND THEIR RELATIONSHIP TO EACH OTHER: SOCIAL AND
ECONOMIC FACTORS, HEALTH BEHAVIORS, CLINICAL CARE, PHYSICAL,
ENVIRONMENTAL, AND HEALTH OUTCOMES.

COMMUNITY INPUT WAS OBTAINED FROM REPRESENTATIVES FROM THE FOLLOWING
ORGANIZATIONS:

GLENDALE FIRE DEPARTMENT

YWCA OF GLENDALE

FAMILY PROMISE OF THE VERDUGOS

DIGNITY HEALTH GLENDALE MEMORIAL HOSPITAL

GLENDALE ADVENTIST MEDICAL CENTER

PLANNED PARENTHOOD, PASADENA & SAN GABRIEL VALLEY

GLENDALE COMMUNITY COLLEGE

COMMUNITY FOUNDATION OF THE VERDUGOS

GLENDALE CHAMBER OF COMMERCE

CITY OF GLENDALE

ASCENSIA

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

DIDI HIRSCH MENTAL HEALTH SERVICES

GLENDALE COMMUNITY FREE HEALTH CLINIC

WELLNESS WORKS

AMERICAN DIABETES ASSOCIATION

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARTNERS IN CARE FOUNDATION

HEALTHCARE MANAGEMENT SERVICES

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH, SPA 1&2

ARMENIAN RELIEF SOCIETY, SEPAN CHAPTER

BLUE SHIELD OF CALIFORNIA

GLENDALE COMMUNITY SERVICES AND PARKS

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

THE CAMPBELL CENTER

AMERICAN CANCER SOCIETY

BOY SCOUTS OF AMERICA VERDUGO HILLS COUNCIL

AMERICAN RED CROSS - GLENDALE CHAPTER

GLENDALE NEWS PRESS

ARMENIAN AMERICAN MEDICAL SOCIETY

PARTNERS IN CARE FOUNDATION

PACIFIC CLINICS

HEALTH SERVICES ADVISORY GROUP

DOOR OF HOPE

GLENDALE POLICE DEPARTMENT

CITY OF GLENDALE

YMCA OF THE FOOTHILLS

GLENDALE COMMUNITIES INITIATIVE

GLENDALE HEALTHY KIDS

USC VERDUGO HILLS HOSPITAL

YMCA

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 6(A):

VERDUGO HILLS HOSPITAL COLLABORATED WITH GLENDALE ADVENTIST MEDICAL CENTER AND GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER TO WORK WITH THE CENTER FOR NONPROFIT MANAGEMENT CONSULTING TEAM IN CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT.

PART V, SECTION B, LINE 11:

THE SIGNIFICANT HEALTH NEEDS IDENTIFIED FROM THE CHNA WERE PRIORITIZED BY COMMUNITY STAKEHOLDERS THROUGH A STRUCTURED PROCESS USING DEFINED CRITERIA. THIS IMPLEMENTATION STRATEGY FOCUSES ON THE PRIORITY HEALTH NEEDS THAT WILL BE ADDRESSED BY USC VERDUGO HILLS HOSPITAL THROUGH ITS COMMUNITY BENEFIT PROGRAMS AND ACTIVITIES. THEY ARE:

- ACCESS TO CARE
- CANCER
- DIABETES
- MENTAL HEALTH
- OVERWEIGHT/OBESITY

THE IMPLEMENTATION STRATEGY ADOPTED BY USC VERDUGO HILLS HOSPITAL ACTIVELY ADDRESSES HEALTH NEEDS THAT WERE IDENTIFIED IN THE CHNA AS PRIORITY HEALTH NEEDS. USC VERDUGO HILLS HOSPITAL PLANS TO MEET THE IDENTIFIED PRIORITY HEALTH NEEDS THROUGH A COMMITMENT OF RESOURCES WITH SPECIFIC PROGRAMS AND SERVICES. FOR EACH HEALTH NEED THE HOSPITAL PLANS TO ADDRESS, THE IMPLEMENTATION STRATEGY DESCRIBES: ACTIONS THE HOSPITAL INTENDS TO TAKE, INCLUDING PROGRAMS AND RESOURCES IT PLANS TO COMMIT,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PLANNED COLLABORATION BETWEEN THE HOSPITAL AND COMMUNITY ORGANIZATIONS,
AND ANTICIPATED IMPACTS OF THESE ACTIONS. IN ADDITION TO THE SPECIFIC
STRATEGIES FOR THE SELECTED PRIORITY HEALTH NEEDS, USC VERDUGO HILLS
HOSPITAL WILL INVESTIGATE THE DEVELOPMENT OF A COMMUNITY GRANTS PROGRAM
TO PROVIDE FINANCIAL AND IN-KIND SUPPORT TO COMMUNITY ORGANIZATIONS
ADDRESSING THESE NEEDS.

OTHER HEALTH NEEDS WERE IDENTIFIED BUT ARE NOT SPECIFICALLY ADDRESSED IN
THE IMPLEMENTATION STRATEGY. THESE INCLUDE: CARDIOVASCULAR DISEASE,
GERIATRIC SUPPORT, COMMUNICABLE/INFECTIOUS DISEASES, DENTAL CARE,
HOMELESSNESS/HOUSING, POVERTY, PREVENTIVE WELLNESS, STDs, SUBSTANCE
ABUSE, TRANSPORTATION, AND VIOLENCE/INJURY. WHILE THESE ISSUES ARE
ADDRESSED ON A DAY-TO-DAY BASIS IN THE NORMAL COURSE OF OPERATIONS, THE
HOSPITAL HAS CHOSEN NOT TO FOCUS THIS IMPLEMENTATION PLAN ON THESE OTHER
NEEDS AS IT BELIEVES THAT IT CAN HAVE A GREATER IMPACT ON THE PRIORITY
HEALTH NEEDS THAT WERE SELECTED. THESE OTHER HEALTH NEEDS ARE LESS
ALIGNED WITH THE HOSPITAL'S STRATEGIC INITIATIVES.

ADDITIONALLY, WHILE SOME OF THESE NEEDS ARE NOT BEING DIRECTLY ADDRESSED,
IT SHOULD ALSO BE NOTED THAT HEALTH NEEDS CAN INFLUENCE ONE ANOTHER. FOR
EXAMPLE, REDUCING WEIGHT AND IMPROVING NUTRITION AND PHYSICAL ACTIVITY
HAVE BEEN SHOWN TO POSITIVELY INFLUENCE CARDIOVASCULAR DISEASE.

PART V, SECTION B, LINE 16(A)-(C):

[HTTPS://USCVHH.ORG/PATIENTS-AND-VISITORS/FINANCIAL-INFORMATION](https://uscvhh.org/patients-and-visitors/financial-information)

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 16(J):

PLEASE REFER TO PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE IN PART
VI.

PART V, SECTION B, LINE 20(E):

THE HOSPITALS NOTIFIED INDIVIDUALS OF THE FINANCIAL ASSISTANCE POLICY IN
COMMUNICATIONS WITH THE INDIVIDUALS REGARDING THE INDIVIDUALS' BILLS.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 USC ENGEMANN STUDENT HEALTH CENTER (UPC) 1031 WEST 34TH STREET LOS ANGELES CA 90089-3261	OUTPATIENT CLINIC
2	
3	
4	
5	
6	
7	
8	
9	
10	

Schedule H (Form 990) 2017

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

THE DISCOUNT AMOUNT IS BASED ON FAMILY INCOME COMPARED TO THE FEDERAL POVERTY LEVEL ("FPL") FOR THE CURRENT YEAR. PATIENTS WITH FAMILY INCOME UNDER 200% FPL WILL BE ELIGIBLE FOR FREE CARE FOR THE DATES OF SERVICES FOR WHICH AN APPLICATION IS COMPLETED. UNINSURED OR UNDER-INSURED PATIENTS WITH FAMILY INCOME BETWEEN 201% AND 350% FPL WILL BE ELIGIBLE FOR CARE AT A SLIDING SCALE DISCOUNT. UNINSURED PATIENTS WHOSE FAMILY INCOME EXCEEDS 350% OF THE FPL WILL RECEIVE THE COMPACT DISCOUNTED RATE.

IF IT IS DETERMINED THAT THE FAMILY INCOME IS ABOVE 400% OF THE FPL, THE HOSPITALS MAY STILL CONSIDER THE PATIENT ELIGIBLE FOR FINANCIAL ASSISTANCE AND REQUIRE THE FOLLOWING INFORMATION BE PROVIDED: INDIVIDUAL OR FAMILY NET WORTH, INCLUDING ASSETS, BOTH LIQUID AND NON-LIQUID, LIABILITIES AND CLAIMS AGAINST ASSETS; EMPLOYMENT STATUS WILL BE CONSIDERED IN THE CONTEXT OF WHETHER THE LIKELIHOOD OF FUTURE EARNINGS WILL BE SUFFICIENT TO MEET THE COST OF PAYING FOR HEALTHCARE SERVICES WITHIN A REASONABLE PERIOD OF TIME; UNUSUAL EXPENSES OR LIABILITIES; AND ADDITIONAL INFORMATION AS REQUIRED FOR SPECIAL CIRCUMSTANCES.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7:

THE AMOUNTS REPORTED IN PART I, LINE 7 FOLLOW THE FORM 990, SCHEDULE H INSTRUCTIONS BY ADDRESSING ALL PATIENT SEGMENTS. THE TOTAL PERCENTAGE OF FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST ON LINE 7 WAS CALCULATED (USING A COST TO CHARGE RATIO) FOR FY18 ON A UNIVERSITY-WIDE BASIS AS REQUIRED PER THE FORM 990 INSTRUCTIONS. THE CALCULATION ON A HOSPITAL-ONLY BASIS WOULD RESULT IN A TOTAL PERCENTAGE OF 7.73%, CONSISTENT WITH PEER ORGANIZATIONS.

PART II, LINE 8:

ECONOMIC DEVELOPMENT:

USC VERDUGO HILLS HOSPITAL ACTIVELY SUPPORTED ISSUES IMPACTING COMMUNITY HEALTH AND SAFETY BY PARTNERING WITH THE LA CAÑADA FLINTRIDGE CHAMBER OF COMMERCE, CRESCENTA VALLEY CHAMBER OF COMMERCE, THE GLENDALE CHAMBER OF COMMERCE, SUNLAND-TUJUNGA CHAMBER OF COMMERCE, THE MONTROSE VERDUGO CITY CHAMBER OF COMMERCE AND THE GLENDALE KIWANIS CLUB.

COMMUNITY SUPPORT:

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

USC VERDUGO HILLS HOSPITAL COLLABORATED WITH A NUMBER OF COMMUNITY PARTNERS IN SUPPORT OF COMMUNITY HEALTH ORGANIZATIONS AND THE BUSINESS COMMUNITY. EFFORTS INCLUDED OUTREACH AND PLANNING TO SUPPORT COMMUNITY EFFORTS. EXAMPLES OF ORGANIZATIONAL PARTNERSHIP MEETINGS INCLUDED THE GLENDALE HEALTHY COMMUNITY COALITION AND GLENDALE HEALTHY KIDS.

COALITION BUILDING AND ADVOCACY:

HOSPITAL REPRESENTATIVES SERVE ON A NUMBER OF LOCAL, REGIONAL, AND STATE LEVEL ORGANIZATIONS AND COMMITTEES THAT ADDRESS HEALTH IMPROVEMENT AND SUPPORT PROFESSIONAL HEALTH ORGANIZATIONS. USC VERDUGO HILLS HOSPITAL ENGAGED IN ADVOCACY EFFORTS THAT SUPPORTED ACCESS TO HEALTH CARE.

WORKFORCE DEVELOPMENT:

KECK MEDICINE OF USC CONTINUED ITS EFFORTS TO ENGAGE STUDENTS FROM LOCAL LOS ANGELES SCHOOLS THAT TYPICALLY ENROLL UNDERSERVED STUDENTS. 83 STUDENTS FROM THE BRAVO MEDICAL MAGNET HIGH SCHOOL PARTICIPATED IN A JOB SHADOWING AND MENTORING PROGRAM. EACH SEMESTER, THREE CLASSES OF STUDENTS SPEND 7.5 HOURS A WEEK WORKING WITH STAFF IN A VARIETY OF ROLES

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AND DEPARTMENTS.

ESTABLISHED IN 1970, USC'S MED-COR PROGRAM, WHICH STANDS FOR MEDICAL COUNSELING ORGANIZING AND RECRUITING, WORKS WITH HIGH SCHOOL STUDENTS OF COLOR TO HELP PREPARE THEM FOR CAREERS IN THE HEALTH PROFESSIONS. 18 STUDENTS WERE PROVIDED STRUCTURED ACADEMIC ENRICHMENT IN THE AREAS OF MATHEMATICS, SCIENCE, AND ENGLISH, AS WELL AS ACADEMIC COUNSELING, SAT ASSISTANCE, AND SUMMER INTERNSHIPS AT LOCAL HOSPITALS. THE PROGRAM SERVES STUDENTS FROM FOUR LOCAL SCHOOLS: FRANCISCO BRAVO MEDICAL MAGNET HIGH SCHOOL, KING-DREW MEDICAL MAGNET HIGH SCHOOL, ORTHOPEDIC HOSPITAL MEDICAL MAGNET HIGH SCHOOL, AND VAN NUYS HIGH SCHOOL.

AN INTERNSHIP EXPERIENCE ENGAGED 12TH GRADE PASADENA UNIFIED SCHOOL DISTRICT STUDENTS IN A SERIES OF LECTURES ABOUT HEALTH CARE. THE STUDENTS HEARD FROM HOSPITAL STAFF AND TOURED THE HOSPITAL. THEY VIEWED A SURGERY AND GOT TO SEE THE BEHIND THE SCENES WORK OF A NUMBER OF DEPARTMENTS, INCLUDING THE LABORATORY AND PHARMACY.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

KECK MEDICINE AND KECK HOSPITAL WORKED WITH ALTAMED HEALTH SERVICES (A
FEDERALLY QUALIFIED HEALTH CENTER) TO CO-SPONSOR AMERICORPS INTERNS. THE
FOCUS IS TO PROMOTE HEALTH CAREER DEVELOPMENT IN LOCAL SCHOOLS AND JOB
TRAINING.

PART III, LINE 2:

THE DETERMINATION OF CHARITY CARE GENERALLY SHOULD BE MADE AT THE TIME OF
ADMISSION, OR SHORTLY THEREAFTER. HOWEVER, EVENTS AFTER DISCHARGE MAY
CHANGE THE ABILITY OF THE PATIENT TO PAY. DESIGNATION AS CHARITY CARE
WILL ONLY BE CONSIDERED AFTER ALL PAYMENT SOURCES HAVE BEEN EXHAUSTED.
HOSPITAL CHARGES FOR PATIENT ACCOUNTS IDENTIFIED AS CHARITY CARE AT THE
TIME OF ADMISSION OR SERVICE ARE NOT RECOGNIZED BY THE FACILITY AS NET
REVENUES OR NET RECEIVABLES. IF PATIENT ACCOUNTS ARE IDENTIFIED AS
CHARITY CARE SUBSEQUENT TO THE FACILITY RECOGNIZING THE CHARGES AS
REVENUE, AN ADJUSTMENT IS REQUIRED TO CLASSIFY APPROPRIATELY THE REVENUE
AND ANY BAD DEBT EXPENSE PREVIOUSLY RECORDED.

PART III, LINE 4:

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

NET PATIENT SERVICE REVENUE IS REPORTED AT ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD PARTY PAYORS, GOVERNMENT PROGRAMS AND OTHERS IN THE PERIOD IN WHICH SERVICES ARE PROVIDED. THE MAJORITY OF THE HOSPITALS' SERVICES ARE RENDERED TO PATIENTS WITH COMMERCIAL OR MANAGED CARE INSURANCE, OR UNDER THE FEDERAL MEDICARE AND CALIFORNIA STATE MEDI-CAL PROGRAMS. REIMBURSEMENT FROM THESE VARIOUS PAYORS IS BASED ON A COMBINATION OF PROSPECTIVELY DETERMINED RATES, DISCOUNTS FROM CHARGES AND HISTORICAL COSTS. AMOUNTS RECEIVED UNDER THE MEDICARE PROGRAM ARE SUBJECT TO RETROACTIVE SETTLEMENTS BASED ON REVIEW AND FINAL DETERMINATION BY PROGRAM INTERMEDIARIES OR THEIR AGENTS. PROVISIONS FOR CONTRACTUAL ADJUSTMENTS AND RETROACTIVE SETTLEMENTS RELATED TO THOSE PAYERS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS AS ADDITIONAL INFORMATION BECOMES KNOWN OR AS FINAL SETTLEMENTS ARE DETERMINED. HEALTHCARE SERVICES REVENUES ALSO INCLUDE THE REVENUES ASSOCIATED WITH THE PROFESSIONAL SERVICES AGREEMENT WITH THE COUNTY OF LOS ANGELES. THE ALLOWANCES FOR DOUBTFUL ACCOUNTS ARE BASED UPON MANAGEMENT'S

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING
HISTORICAL BUSINESS AND ECONOMIC CONDITIONS. PERIODICALLY THROUGHOUT THE
YEAR MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL
ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE. THE RESULTS OF THIS
REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE ALLOWANCE FOR
DOUBTFUL ACCOUNTS.

PART III, LINE 8:

THE MEDICARE SHORTFALL OF (\$90,845,356) REPORTED IN PART III, LINE 7
SHOULD BE TREATED AS A COMMUNITY BENEFIT BECAUSE THE RATES PAID BY
MEDICARE DO NOT ACCURATELY REFLECT THE COST OF CARE PROVIDED BY THE
HOSPITALS. ACCORDINGLY, THE HOSPITALS MUST SUBSIDIZE THE COST OF CARE
PROVIDED TO MEDICARE BENEFICIARIES WITH OTHER REVENUES. THE COSTING
METHODOLOGY USED TO CALCULATE MEDICARE ALLOWABLE COSTS OF CARE REPORTED
ON PART III, LINE 6 WAS USING A COST-TO-CHARGE RATIO.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 9B:

AS PART OF THEIR MISSION, THE HOSPITALS PROVIDE SERVICES AND A BROAD
ARRAY OF BENEFITS TO THE COMMUNITY. THE HOSPITALS' PATIENT ACCEPTANCE
POLICY IS BASED ON THEIR MISSION STATEMENTS AND THEIR COMMUNITY SERVICES
RESPONSIBILITIES. ACCORDINGLY, THE HOSPITALS ACCEPT PATIENTS IN
IMMEDIATE NEED OF CARE, REGARDLESS OF THEIR ABILITY TO PAY. THE
HOSPITALS DO NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS
CHARITY CARE BASED ON ESTABLISHED POLICIES OF THE HOSPITALS. THESE
POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT
IS DUE FOR ALL OR A PORTION OF THE PATIENT'S BILL. SEE ALSO SCHEDULE H,
PART III, LINE 4.

PART IV, LINE 1, COLUMN (A)

NAME OF ENTITY: BEVERLY HILLS DOCTORS SURGERY CENTER LLC

PART VI, LINE 2:

NEEDS ASSESSMENT:

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IN 2016, KECK HOSPITAL OF USC CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AS REQUIRED BY STATE AND FEDERAL LAW. CALIFORNIA SENATE BILL 697 AND THE PATIENT PROTECTION AND AFFORDABLE CARE ACT AND IRS SECTION 501(R)(3) DIRECT TAX EXEMPT HOSPITALS TO CONDUCT A CHNA AND DEVELOP AN IMPLEMENTATION STRATEGY EVERY THREE YEARS. THIS CHNA WAS CARRIED OUT IN PARTNERSHIP WITH USC NORRIS CANCER HOSPITAL.

THE CHNA INCORPORATED COMPONENTS OF PRIMARY DATA COLLECTION AND SECONDARY DATA ANALYSIS THAT FOCUS ON THE HEALTH AND SOCIAL NEEDS OF THE SERVICE AREA. SECONDARY DATA WERE COLLECTED FROM A VARIETY OF SOURCES. FIFTEEN TARGETED INTERVIEWS GATHERED INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL. INTERVIEWEES INCLUDED INDIVIDUALS WHO ARE LEADERS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS, OR REGIONAL, STATE, OR LOCAL HEALTH OR OTHER DEPARTMENTS OR AGENCIES THAT HAVE "CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY." INPUT WAS OBTAINED FROM LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH OFFICIALS.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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IN 2016, USC VERDUGO HILLS HOSPITAL CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AS REQUIRED BY STATE AND FEDERAL LAW. CALIFORNIA SENATE BILL 697 AND THE PATIENT PROTECTION AND AFFORDABLE CARE ACT AND IRS SECTION 501(R)(3) DIRECT TAX EXEMPT HOSPITALS TO CONDUCT A CHNA AND DEVELOP AN IMPLEMENTATION STRATEGY EVERY THREE YEARS. THIS COMMUNITY HEALTH NEEDS ASSESSMENT WAS CARRIED OUT IN PARTNERSHIP WITH GLENDALE ADVENTIST MEDICAL CENTER AND GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER.

THE CHNA INCORPORATED COMPONENTS OF PRIMARY DATA COLLECTION AND SECONDARY DATA ANALYSIS THAT FOCUS ON THE HEALTH AND SOCIAL NEEDS OF THE SERVICE AREA. SECONDARY DATA WERE COLLECTED FROM A WIDE RANGE OF LOCAL, COUNTY, AND STATE SOURCES. TWO FOCUS GROUPS WERE CONVENED TO OBTAIN INFORMATION AND OPINIONS FROM 48 PERSONS WHO REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL. PARTICIPANTS IN THE FOCUS GROUP INCLUDED INDIVIDUALS WHO ARE LEADERS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY, AND CHRONIC DISEASE POPULATIONS, OR REGIONAL, STATE, OR LOCAL HEALTH OR OTHER DEPARTMENTS OR AGENCIES THAT

Part VI Supplemental Information

Provide the following information.

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

HAVE CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF
THE COMMUNITY SERVED BY THE HOSPITAL FACILITY.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

USC HOSPITALS SHALL POST NOTICES INFORMING THE PUBLIC OF THE FINANCIAL
ASSISTANCE PROGRAM. THESE NOTICES WILL BE POSTED IN HIGH VOLUME
INPATIENT AND OUTPATIENT AREAS OF THE HOSPITALS. NOTICES SHALL ALSO BE
POSTED IN THE ADMITTING AND FINANCIAL SERVICES DEPARTMENTS.

EACH HOSPITAL SHALL PROVIDE PATIENTS WITH A WRITTEN DOCUMENT THAT
CONTAINS INFORMATION ABOUT AVAILABILITY OF THE HOSPITALS' DISCOUNT
PAYMENT AND CHARITY CARE POLICIES, INCLUDING INFORMATION ABOUT
ELIGIBILITY, AS WELL AS CONTACT INFORMATION FOR A HOSPITAL EMPLOYEE OR
OFFICE FROM WHICH THE PERSON MAY OBTAIN FURTHER INFORMATION ABOUT THESE
POLICIES. THE NOTICE SHALL ALSO BE PROVIDED TO PATIENTS WHO RECEIVE
OUTPATIENT CARE AND WHO MAY BE BILLED FOR THE CARE, BUT WHO WERE NOT

Part VI Supplemental Information

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ADMITTED. THE NOTICE SHALL BE PROVIDED IN ENGLISH, AND IN LANGUAGES
OTHER THAN ENGLISH. THE LANGUAGES TO BE PROVIDED SHALL BE DETERMINED IN
A MANNER SIMILAR TO THAT REQUIRED PURSUANT TO SECTION 12693.30 OF THE
INSURANCE CODE (THRESHOLD LANGUAGES ARE SPANISH AND THOSE LANGUAGES
SPOKEN BY 5% OF PATIENTS).

DATA MAILERS SENT TO PATIENTS AS PART OF THE ROUTINE BILLING PROCESS WILL
CONTAIN INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAM. WRITTEN
CORRESPONDENCE TO THE PATIENT REQUIRED BY THIS ARTICLE SHALL ALSO BE IN
THE LANGUAGE SPOKEN BY THE PATIENT, CONSISTENT WITH SECTION 12693.30 OF
THE INSURANCE CODE AND APPLICABLE STATE AND FEDERAL LAW.

AT USC VERDUGO HILLS HOSPITAL, THE FAIR PRICING POLICY IS DESCRIBED TO
PATIENTS AND FAMILIES UPON REGISTRATION. THE POLICY IS POSTED AND FORMS
ARE MAILED TO PATIENTS AT TIME OF INITIAL BILLING.

THE HOSPITALS ALSO ASSIST PATIENTS WITH UNDERSTANDING AND LINKING THEM TO
MEDI-CAL.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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PART VI, LINE 4:

COMMUNITY INFORMATION:

KECK HOSPITAL OF USC

KECK HOSPITAL OF USC IS LOCATED EAST OF DOWNTOWN LOS ANGELES ON USC'S HEALTH SCIENCES CAMPUS. THE HOSPITAL DRAWS PRIMARILY ADULT PATIENTS REGIONALLY FROM SOUTHERN CALIFORNIA, WITH A PRIMARY SERVICE AREA OF LOS ANGELES COUNTY, CALIFORNIA.

USC NORRIS CANCER HOSPITAL IS ALSO LOCATED EAST OF DOWNTOWN LOS ANGELES ON USC'S HEALTH SCIENCES CAMPUS. THE HOSPITAL TREATS ADULT CANCER PATIENTS. WHILE THE HOSPITAL DRAWS PATIENTS REGIONALLY, STATEWIDE AND INTERNATIONALLY, ITS PRIMARY SERVICE AREA IS LOS ANGELES COUNTY, CALIFORNIA.

THE POPULATION OF L.A. COUNTY IS 9,974,203. CHILDREN AND YOUTH (AGES 0-17) MAKE UP 23.6% OF THE POPULATION; 40.2% ARE 18-44 YEARS OF AGE; 24.7% ARE 45-64; AND 11.5% OF THE POPULATION ARE OLDER ADULTS, 65 YEARS

Part VI Supplemental Information

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OF AGE AND OLDER. THE MAJORITY POPULATION RACE/ETHNICITY IN THE LOS ANGELES COUNTY IS HISPANIC OR LATINO (48.1%). WHITES MAKE UP 27.2% OF THE POPULATION. ASIANS COMPRISE 13.8% OF THE POPULATION, AND AFRICAN AMERICANS ARE 8% OF THE POPULATION. NATIVE AMERICANS, HAWAIIANS, AND OTHER RACES COMBINED TOTAL 2.8% OF THE POPULATION. IN LA COUNTY, SPANISH IS SPOKEN IN 39.4% OF THE HOMES, 43.2% OF THE RESIDENTS SPEAK ENGLISH ONLY, AND 10.8% SPEAK AN ASIAN LANGUAGE.

EDUCATIONAL ATTAINMENT IS CONSIDERED A KEY DRIVER OF HEALTH STATUS, WITH LOW LEVELS OF EDUCATION LINKED TO POVERTY AND POOR HEALTH. IN THE COUNTY, 76.8% OF THE ADULT POPULATION, 25 YEARS AND OLDER, HAVE OBTAINED A HIGH SCHOOL DIPLOMA OR HIGHER EDUCATION. THIS IS LOWER THAN THE STATE RATE OF 81.5%. THE RATE OF POVERTY IN THE COUNTY IS 18.4%, WHICH IS HIGHER THAN THE STATE OVERALL(16.4%). POVERTY INCREASES FOR THE POPULATION AT OR BELOW 200% OF FPL AS 40.9% OF COUNTY RESIDENTS ARE AT 200% OF FPL. IN LOS ANGELES COUNTY, CHILDREN SUFFER WITH HIGHER RATES OF POVERTY THAN THE GENERAL POPULATION. IN THE SERVICE AREA, 26% OF CHILDREN, UNDER AGE 18 YEARS, ARE LIVING IN POVERTY. AMONG FAMILIES

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

WHERE THERE IS A FEMALE HEAD OF HOUSEHOLD AND CHILDREN UNDER 18 YEARS
OLD, 38.9% IN THE COUNTY LIVE IN POVERTY.

USC VERDUGO HILLS HOSPITAL

USC VERDUGO HILLS HOSPITAL IS LOCATED AT 1812 VERDUGO BOULEVARD,
GLENDALE, CALIFORNIA 91208. THE HOSPITAL SERVES THE COMMUNITIES OF
ALTADENA, EAGLE ROCK, GLENDALE, HIGHLAND PARK, LA CAÑADA FLINTRIDGE, LA
CRESCENTA, MONTROSE, PASADENA, SUNLAND, SYLMAR, TUJUNGA, AND VERDUGO
CITY.

THE POPULATION OF THE SERVICE AREA IS 555,265. CHILDREN AND YOUTH (AGES
0-17) MAKE UP 20.8% OF THE POPULATION; 36.5% ARE 18-44 YEARS OF AGE;
27.9% ARE 45-64; AND 14.8% OF THE POPULATION ARE OLDER ADULTS, 65 YEARS
OF AGE AND OLDER. THE RACIAL/ETHNIC COMPOSITION OF THE AREA IS HIGHLY
DIVERSE AND GEOGRAPHICALLY CONCENTRATED. OVER HALF OF THE POPULATION
(54%) IN THE CITY OF GLENDALE IS FOREIGN BORN, WITH LARGE CONCENTRATIONS
OF ARMENIAN AND MEXICAN IMMIGRANTS. OVERALL, 61% OF HOUSEHOLDS IN THE
SERVICE AREA DO NOT SPEAK ENGLISH AT HOME: 44% OF HOUSEHOLDS IN THE

Part VI Supplemental Information

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GLENDALE ZIP CODES REPORTED SPEAKING AN INDO-EUROPEAN LANGUAGE AT HOME,
WHILE 57% TO 63% OF HOUSEHOLDS IN HIGHLAND PARK AND SYLMAR REPORTED
SPEAKING SPANISH AT HOME.

EDUCATIONAL ATTAINMENT IS CONSIDERED A KEY DRIVER OF HEALTH STATUS WITH
LOW LEVELS OF EDUCATION LINKED TO POVERTY AND POOR HEALTH. IN THE
SERVICE AREA, 84.5% OF THE ADULT POPULATION, 25 YEARS AND OLDER, HAVE
OBTAINED A HIGH SCHOOL DIPLOMA OR HIGHER EDUCATION. THIS IS HIGHER THAN
THE STATE RATE OF 81.5%. THE UNEMPLOYMENT RATE IN THE SERVICE AREA WAS
7.5%. HOWEVER, IN SOME LOCATIONS, (HIGHLAND PARK AND AREAS OF GLENDALE)
(ZIP CODES 91204 AND 91205), THE UNEMPLOYMENT RATES WERE UP TO 9.5%.
OVERALL, A LOWER PERCENTAGE OF FAMILIES IN THE SERVICE AREA LIVE BELOW
POVERTY (11%) THAN IN THE COUNTY OVERALL(15%), AND 8% OF FAMILIES WITH
CHILDREN LIVE BELOW POVERTY IN THE SERVICE AREA.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH GRANTS, CASH CONTRIBUTIONS AND SPONSORSHIPS
TO COMMUNITY NONPROFIT ORGANIZATIONS AND CHARITY EVENTS WERE MADE TO:

Part VI Supplemental Information

Provide the following information.

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-DORR INSTITUTE FOR ARTHRITIS: OPERATION WALK

-PROYECTO PASTORAL

-USC NORRIS COMPREHENSIVE CANCER CENTER

-ADDITIONAL SUPPORT AND IN-KIND DONATIONS TO COMMUNITY PARTNERS,

INCLUDING CHARITY EVENTS AND EVENT SPONSORSHIPS.

COMMUNITY HEALTH IMPROVEMENT SERVICES:

KECK HOSPITAL OF USC

COMMUNITY HEALTH EDUCATION

HEALTH EDUCATION CLASSES AND EVENTS WERE MADE AVAILABLE TO THE PUBLIC AT

NO COST. COMMUNITY HEALTH EDUCATION TARGETED THE COMMUNITY AT LARGE,

POPULATIONS WITH, OR AT RISK OF, CHRONIC DISEASE, AND POPULATIONS WITH

HEALTH DISPARITIES. EXAMPLES OF COMMUNITY HEALTH EDUCATION ACTIVITIES

INCLUDED:

- IN PARTNERSHIP WITH THE AMERICAN HEART & STROKE ASSOCIATION, KECK

HOSPITAL SPONSORED A TEACHING GARDEN AT HOLLENBECK MIDDLE SCHOOL AND

Part VI Supplemental Information

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LINCOLN HIGH SCHOOL FOR THE PURPOSE OF TEACHING STUDENTS ABOUT HEALTHY
EATING, NUTRITION AND HEALTH AND GENERAL HEALTH PROMOTION PRINCIPLES.

-KECK HOSPITAL OF USC HOSTED EDUCATION SEMINARS AND WORKSHOPS ON A
VARIETY OF TOPICS OPEN TO THE PUBLIC AND PROVIDED HEALTH EDUCATION
INFORMATIONAL MATERIALS.

- PUBLIC HEALTH EDUCATION IN THE MEDIA AND COMMUNITY HEALTH AWARENESS
EVENTS TO ENCOURAGE HEALTHY BEHAVIORS AND PREVENT CHRONIC AND
COMMUNICABLE DISEASES.

- THE COMMUNITY WAS SERVED BY A NUMBER OF SUPPORT GROUPS, OPEN TO THE
PUBLIC AND OFFERED FREE OF CHARGE, WHICH INCLUDED:

-BARIATRIC SUPPORT GROUP
-CAREGIVER SUPPORT GROUP
-DEEP BRAIN STIMULATION SUPPORT GROUP
-MINDFULNESS SUPPORT GROUP

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-PARKINSON'S SUPPORT GROUP

-PULMONARY HYPERTENSION SUPPORT GROUP

-STROKE SUPPORT GROUP

-TRANSPLANT RECIPIENT AND CAREGIVER SUPPORT

-VENTRICULAR ASSIST DEVICE (VAD) SUPPORT GROUP

- THE HOSPITAL SUPPORTED A WEEKLY FARMERS MARKET AT HAZARD PARK IN EAST LOS ANGELES. PROFITS FROM THE MARKET PROVIDED FUNDING FOR FRESH FRUITS AND VEGETABLES FOR THE LOCAL COMMUNITY. ADDITIONALLY, A WEEKLY FARMER'S MARKET WAS HELD ON THE CAMPUS OF THE KECK SCHOOL OF MEDICINE LOCATED IN BOYLE HEIGHTS, PROVIDING FRESH FRUITS AND VEGETABLES TO LOCAL FAMILIES.

- THE 21ST PROYECTO PASTORAL WOMEN'S HEALTH CONFERENCE WAS HELD AT THE DOLORES MISSION IN BOYLE HEIGHTS. KECK MEDICINE OF USC WAS A SPONSOR OF THIS YEAR'S EVENT. OVER 400 WOMEN ATTENDED WORKSHOPS AND LECTURES THAT FOCUSED ON HEALTH, WELLNESS, AND PERSONAL EMPOWERMENT. BLOOD PRESSURE SCREENINGS WERE PROVIDED TO 200 ATTENDEES.

Part VI Supplemental Information

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

- SIDEWALK EDUCATION EVENTS AT LAC+USC AND UNION STATION PROVIDED DISEASE PREVENTION EDUCATION TO 300 PARTICIPANTS.

- THE 23RD PARKINSON'S UPDATE EDUCATIONAL SYMPOSIUM REACHED 350 PERSONS WITH PARKINSON'S DISEASE, THEIR FAMILIES AND CAREGIVERS WITH DISEASE-SPECIFIC INTERNATIONAL.

-THE ANNUAL CARNIVAL OF LOVE ON SKID ROW PROVIDED SERVICES FOR 250 HOMELESS LOS ANGELES RESIDENTS. KECK MEDICINE OF USC PARTICIPATED AND DISTRIBUTED HYGIENE KITS, SUNSCREEN, HEALTH EDUCATION MATERIALS, AND BLOOD PRESSURE SCREENING FOR 66 PERSONS.

-THE HOSPITAL HELD A STROKE SEMINAR AT THE DOWNTOWN WOMEN'S CENTER SERVING WOMEN EXPERIENCING HOMELESSNESS AND FORMERLY HOMELESS WOMEN. 100 WOMEN LEARNED ABOUT STROKE RISK FACTORS AND SYMPTOMS AND RECEIVED EDUCATIONAL MATERIALS. COMMUNITY BASED CLINICAL SERVICES - THE ROXANNA TODD HODGES STROKE CLINIC OFFERED SCREENING EVENTS IN THE COMMUNITY THAT PROVIDED BLOOD PRESSURE SCREENING FOR 82 PERSONS. IN ADDITION TO THE

Part VI Supplemental Information

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SCREENINGS, HEALTH EDUCATION WAS PROVIDED ON STROKE PREVENTION.

COMMUNITY BASED CLINICAL SERVICES

-THE ROXANA TODD HODGES STROKE CLINIC OFFERED SCREENING EVENTS IN THE COMMUNITY THAT PROVIDED BLOOD PRESSURE SCREENING FOR 82 PERSONS. IN ADDITION TO THE SCREENINGS, HEALTH EDUCATION WAS PROVIDED ON STROKE PREVENTION.

-KECK MEDICINE OF USC SUPPORTED THE HEALTH PAVILION AT THE 2018 LOS ANGELES TIMES FESTIVAL OF BOOKS, ATTRACTING TENS OF THOUSANDS OF GUESTS FOR A WEEKEND OF SCREENINGS AND HEALTH-RELATED ACTIVITIES.

-LA MARATHON - THE HOSPITALS AND DOCTORS OF USC PROVIDED MEDICAL SUPPORT AND SUPPLIES FOR THE RUNNERS IN THE LA MARATHON.

HEALTH CARE SUPPORT SERVICES

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- TAXI VOUCHERS WERE MADE AVAILABLE TO PATIENTS AND FAMILIES FOR WHOM

ACCESSING TRANSPORTATION IS A BARRIER TO OBTAINING CARE.

- KECK MEDICINE OF USC PROVIDED ACCESS TO AN ELECTRONIC HEALTH LIBRARY

AVAILABLE TO THE PUBLIC ON ITS WEBSITE. THE SITE PROVIDED INFORMATION ON
HEALTH CONDITIONS, WELLNESS, AND PREVENTION.

TELEMEDICINE

-KECK HOSPITAL OF USC PROVIDED TELE-STROKE CONSULTATIONS TO SEVERAL
CALIFORNIA EMERGENCY DEPARTMENTS. THIS ENABLED PATIENTS TO ACCESS
CRITICAL SPECIALTY SERVICES, REGARDLESS OF THEIR ABILITY TO PAY.

USC NORRIS CANCER HOSPITAL

COMMUNITY HEALTH EDUCATION

HEALTH EDUCATION CLASSES AND EVENTS WERE MADE AVAILABLE TO THE PUBLIC AT
NO COST. COMMUNITY HEALTH EDUCATION TARGETED THE COMMUNITY AT LARGE,
POPULATIONS WITH, OR AT RISK OF, CHRONIC DISEASE, AND POPULATIONS WITH

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HEALTH DISPARITIES. EXAMPLES OF COMMUNITY HEALTH EDUCATION ACTIVITIES

INCLUDED:

- USC NORRIS CANCER HOSPITAL HOSTED EDUCATION SEMINARS AND WORKSHOPS ON A VARIETY OF TOPICS OPEN TO THE PUBLIC AND PROVIDED HEALTH EDUCATION INFORMATIONAL MATERIALS.

- PUBLIC HEALTH EDUCATION IN THE MEDIA AND COMMUNITY HEALTH AWARENESS EVENTS TO ENCOURAGE HEALTHY BEHAVIORS AND PREVENT CANCER.

- THE COMMUNITY WAS SERVED BY A NUMBER OF SUPPORT GROUPS, OPEN TO THE PUBLIC AND OFFERED FREE OF CHARGE, WHICH INCLUDED:

- ADOLESCENT AND YOUNG ADULT CANCER SUPPORT GROUP FOR PARENTS AND CAREGIVERS.
- BLADDER CANCER SUPPORT GROUP
- CAREGIVER SUPPORT GROUP
- LUNG CANCER SUPPORT GROUP

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-MINDFULNESS SUPPORT GROUP

-PROSTATE CANCER SUPPORT GROUP

- LOOK GOOD FEEL BETTER IS AN AMERICAN CANCER SOCIETY-AFFILIATED PROGRAM

OPEN TO ALL WOMEN WITH CANCER WHO ARE UNDERGOING CHEMOTHERAPY, RADIATION,
OR OTHER FORMS OF TREATMENT.

- THE HOSPITAL SUPPORTED A WEEKLY FARMERS MARKET AT HAZARD PARK IN EAST
LOS ANGELES. PROFITS FROM THE MARKET PROVIDED FOR FRESH FRUITS AND
VEGETABLES FOR LOCAL COMMUNITY. ADDITIONALLY, A WEEKLY FARMER'S MARKET
WAS HELD ON THE CAMPUS OF THE KECK SCHOOL OF MEDICINE LOCATED IN BOYLE
HEIGHTS, PROVIDING FRESH FRUITS AND VEGETABLES TO LOCAL FAMILIES.

- THE 21ST PROYECTO PASTORAL WOMEN'S HEALTH CONFERENCE WAS HELD AT THE
DOLORES MISSION IN BOYLE HEIGHTS. KECK MEDICINE OF USC WAS A SPONSOR OF
THIS YEAR'S EVENT. OVER 400 WOMEN ATTENDED WORKSHOPS AND LECTURES THAT
FOCUSED ON HEALTH, WELLNESS, AND PERSONAL EMPOWERMENT. BLOOD PRESSURE
SCREENINGS WERE PROVIDED TO 200 ATTENDEES.

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- SIDEWALK EDUCATION EVENTS AT LAC+USC AND UNION STATION PROVIDED DISEASE PREVENTION EDUCATION TO 300 PARTICIPANTS.

- THE ANNUAL CARNIVAL OF LOVE ON SKID ROW PROVIDED SERVICES FOR 250 HOMELESS LOS ANGELES RESIDENTS. KECK MEDICINE OF USC PARTICIPATED AND DISTRIBUTED HYGIENE KITS, SUNSCREEN, HEALTH EDUCATION MATERIALS, AND BLOOD PRESSURE SCREENING FOR 66 PERSONS.

- OVER 160 PERSONS WITH CANCER ENGAGED IN YOGA CLASSES TO INCREASE RELAXATION AND FLEXIBILITY.

- CANCER SURVIVORS SHARED THEIR PERSONAL STORIES THROUGH THEIR WRITTEN WORK AS PART OF OUR SURVIVORS AUTHOR SERIES. ARTIST AND AUTHOR, STEWART LIFF, SPOKE ABOUT HIS CAREER AS AN AWARD-WINNING VISUAL MANAGEMENT EXPERT. AS A STAGE III COLORECTAL CANCER SURVIVOR, STEWART SHARED HIS COMPELLING PERSONAL STORY AND UNIQUE INSIGHTS INTO HOW WE CAN BEST ADAPT, PRESEVERE, AND MOVE FORWARD AFTER CANCER AND OTHER LIFE CHALLENGES BY

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FOSTERING CONNECTEDNESS AND BUILDING A PERSONAL TEAM OF CHAMPIONS.

-WE PROVIDED CANCER SURVIVORS WITH OPPORTUNITIES TO EXPRESS THEIR CANCER JOURNEY THROUGH ART. WE WELCOME JEAN RICHARDSON, ARTIST AND CANCER SURVIVOR. SHE SHARED HER LIFE JOURNEY AND HOW ART PLAYS AN IMPORTANT ROLE IN THE SURVIVORSHIP. THE SURVIVOR ART SERIES OCCURRED THREE TIMES IN THE YEAR.

COMMUNITY BASED CLINICAL SERVICES

- THE ROXANNA TODD HODGES STROKE CLINIC OFFERED SCREENING EVENTS IN THE COMMUNITY THAT PROVIDED BLOOD PRESSURE SCREENING FOR 82 PERSONS. IN ADDITION TO THE SCREENINGS, HEALTH EDUCATION INFORMATION ON STROKE PREVENTION WAS PROVIDED.

-KECK MEDICINE OF USC SUPPORTED THE HEALTH PAVILION AT THE 2018 LOS ANGELES TIMES FESTIVAL OF BOOKS, ATTRACTING TENS OF THOUSANDS OF GUESTS FOR A WEEKEND OF SCREENINGS AND HEALTH-RELATED ACTIVITIES.

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- LA MARATHON - THE HOSPITALS AND DOCTORS OF USC PROVIDED MEDICAL

SUPPORT AND SUPPLIES FOR THE RUNNERS IN THE LA MARATHON.

HEALTH CARE SUPPORT SERVICES

- TAXI VOUCHERS WERE MADE AVAILABLE TO PATIENTS AND FAMILIES FOR WHOM

ACCESSING TRANSPORTATION IS A BARRIER TO OBTAINING CARE.

- KECK MEDICINE OF USC PROVIDED ACCESS TO AN ELECTRONIC HEALTH LIBRARY

AVAILABLE TO THE PUBLIC ON ITS WEBSITE. THE SITE PROVIDED INFORMATION ON

HEALTH CONDITIONS, WELLNESS, AND PREVENTION.

- CANCERHELP IS A COMPUTER-BASED CANCER EDUCATION PROGRAM FROM THE

NATIONAL CANCER INSTITUTE. THIS PROGRAM IS AVAILABLE TO PATIENTS, STAFF

AND THE PUBLIC.

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- THE PATIENT EDUCATION AND COMMUNITY OUTREACH CENTER (PEOC)

AND JENNIFER DIAMOND CANCER RESOURCE LIBRARY IS A STATE-OF-THE-ART
FACILITY WITH PRINT AND ELECTRONIC CANCER EDUCATION AND RESOURCE
MATERIALS DEVOTED TO PATIENTS, THEIR FAMILIES AND COMMUNITY MEMBERS
SEEKING INFORMATION ON CANCER. THE CENTER ALSO PROVIDED OUTREACH
ACTIVITIES AND CONDUCTED INFORMATIONAL PROGRAMS.

USC VERDUGO HILLS HOSPITAL

COMMUNITY HEALTH EDUCATION

HEALTH EDUCATION SEMINARS

THE HOSPITAL MADE HEALTH EDUCATION SESSIONS AVAILABLE TO THE PUBLIC.
SESSIONS ADDRESSED DISEASE PREVENTION AND HEALTH AND WELLNESS, CANCER
PREVENTION AND TREATMENT, ART THERAPY, SUICIDE PREVENTION, HEART HEALTH,
WEIGHT LOSS, NUTRITION AND WELLBEING, MEN'S HEALTH AND WOMEN'S HEALTH,
MENINGITIS, MENTAL HEALTH, BONE AND JOINT HEALTH, BRAIN HEALTH, STROKE
AWARENESS AND HEALTHY AGING. IN FY18, HEALTH EDUCATION SEMINARS REACHED

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OVER 2,440 PERSONS.

COMMUNITY CPR

CLASSES AVAILABLE TO THE COMMUNITY INCLUDED: HANDS-ONLY CPR, INFANT CPR,
CPR RENEWAL AND CPR INSTRUCTOR TRAINING; 520 PERSONS WERE REACHED.

BEGINNINGS EARLY PREGNANCY CLASS

AS PART OF THE HOSPITAL'S FAMILY EDUCATION PROGRAM, CLASSES ADDRESSED
PREGNANCY-RELATED HEALTH TOPICS INCLUDING NUTRITION, COMMON DISCOMFORTS
OF PREGNANCY, RELAXATION TECHNIQUES, AND BABY'S DEVELOPMENT IN THE WOMB.
CLASSES WERE OFFERED MONTHLY AND WERE OPEN TO THE PUBLIC; 24 PERSONS
PARTICIPATED. A DECISION TO DELIVER AT THE HOSPITAL WAS NOT REQUIRED TO
PARTICIPATE.

NEW MOTHERS FORUM SUPPORT GROUP

WEEKLY DISCUSSION GROUPS WERE OPEN TO THE PUBLIC AND HELPED NEW MOTHERS
EASE THROUGH THE ADJUSTMENTS OF MOTHERHOOD. THE SUPPORT GROUP WAS
FACILITATED BY A FAMILY EDUCATION PROGRAM INSTRUCTOR; 266 INDIVIDUAL

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ENCOUNTERS WERE PROVIDED.

BREASTFEEDING SUPPORT GROUP AND WORKSHOPS

SUPPORT GROUPS AND WORKSHOPS OFFERED BREAST-FEEDING ADVICE AND SUPPORT TO NEW MOTHERS. THE SUPPORT GROUPS WERE FACILITATED BY A LACTATION SPECIALIST. OPEN AND FREE TO THE PUBLIC, BABIES IN ARMS WERE WELCOMED. A TOTAL OF 617 ENCOUNTERS WERE PROVIDED.

COMMUNITY SUPPORT GROUPS

HEALTH AND WELLNESS SUPPORT GROUPS ENCOMPASSING A VARIETY OF HEALTH AND QUALITY OF LIFE ISSUES MET REGULARLY AT THE HOSPITAL.

HEALTH FAIRS AND HEALTH AWARENESS EVENTS

THE HOSPITAL PARTICIPATED IN COMMUNITY EVENTS, PROVIDED FIRST AID, AND HOSTED EDUCATIONAL BOOTHS, PROVIDING THE PUBLIC WITH INFORMATION ON RISK PREVENTION AND DISEASE MANAGEMENT. USC VERDUGO HILLS HOSPITAL HOSTED ITS ANNUAL HEALTH AND WELLBEING FAIR AND PARTICIPATED IN THE ST. DOMINIC CHURCH HEALTH MINISTRY HEALTH FAIR, GLENDALE EDUCATIONAL FOUNDATION KIDS

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FITNESS CHALLENGE, JPL SAFETY FAIR, MONTROSE CHAMBER OF COMMERCE

OKTOBERFEST, GOLDEN FUTURES SENIOR EXPO, LA CANADA ELEMENTARY NUTRITION

WEEK, CRESCENTA VALLEY HOMETOWN COUNTRY FAIR, AND YMCA FIESTA DAYS RUN.

AT THESE EVENTS, THE HOSPITAL PROVIDED HEALTH EDUCATION, RESOURCE

INFORMATION AND REFERRALS TO HEALTH AND COMMUNITY SERVICES. IN ADDITION,

THEY PROVIDED STROKE SCREENINGS FOR 60 PERSONS, BLOOD PRESSURE SCREENING

FOR 240 PERSONS, CHOLESTEROL AND GLUCOSE SCREENINGS FOR 180 PERSONS AND

VISION SCREENINGS FOR 180 PERSONS. BALANCE AND SPEECH SCREENINGS WERE

ALSO PROVIDED FOR 70 PERSONS.

COMMUNITY BASED CLINICAL SERVICES

LA CAÑADA UNIFIED SCHOOL DISTRICT TB TESTS

USC VERDUGO HILLS HOSPITAL ADMINISTERED FREE TB SCREENINGS TO LA CAÑADA

UNIFIED SCHOOL DISTRICT (LCUSD) PARENT VOLUNTEERS. THIS COMMUNITY PROGRAM

PROVIDED TB TESTS TO 328 PERSONS.

INFLUENZA IMMUNIZATION CLINIC

USC VERDUGO HILLS HOSPITAL OFFERED FREE FLU VACCINES IN THE COMMUNITY;

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200 VACCINES WERE ADMINISTERED.

MAMMOGRAM SCREENINGS

USC VERDUGO HILLS HOSPITAL PROVIDED 24 LOW-COST MAMMOGRAM SCREENINGS FOR WOMEN IN LA CAÑADA FLINTRIDGE, GLENDALE, AND MONTROSE.

HEALTH CARE SUPPORT SERVICES

TRANSPORTATION SERVICES

TRANSPORTATION IS A DOCUMENTED BARRIER TO ACCESSING HEALTH CARE SERVICES.

THE HOSPITAL PAID FOR TAXI VOUCHERS, AMBULANCE SERVICES, AND VAN

TRANSPORTATION FOR LOW-INCOME PATIENTS AND FAMILIES WHO COULD NOT AFFORD

TRANSPORTATION TO OBTAIN NEEDED HEALTH CARE SERVICES.

PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEM: THE ORGANIZATION SPONSORS NUMEROUS

OUTREACH PROGRAMS THROUGHOUT THE LOCAL COMMUNITY, INCLUDING HEALTH FAIRS,

FREE HEALTH SCREENINGS AND FLU SHOTS, EDUCATIONAL BOOTHS, AND SPEAKER

SERIES THAT ARE FREE AND OPEN TO THE PUBLIC. IN ADDITION, THE PHYSICIAN

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FACULTY OF THE KECK SCHOOL OF MEDICINE PROVIDE HEALTH CARE SERVICES TO
INDIGENT PATIENTS OF THE COUNTY OF LOS ANGELES THROUGH A CONTRACTUAL
RELATIONSHIP WITH THE COUNTY. THESE PATIENTS ARE OFFERED ACCESS TO A
WIDE VARIETY OF TREATMENTS THROUGH CLINICAL TRIALS THAT THEY NORMALLY
WOULD NOT HAVE ACCESS TO ABSENT THE RELATIONSHIP BETWEEN THE COUNTY AND
USC.

PART VI, LINE 7:

STATE FILING OF COMMUNITY BENEFIT REPORT:

A COMMUNITY BENEFIT REPORT FOR EACH HOSPITAL IS FILED IN CALIFORNIA.

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF SOUTHERN CALIFORNIA

Employer identification number

95-1642394

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN HEART ASSOCIATION 727 GREENVILLE AVE., DALLAS, TX 75231	13-5613797	501(C)(3)	150,000.				GENERAL SUPPORT
(2) 24TH STREET THEATRE 1117 W. 24TH ST., LOS ANGELES, CA 90007	95-4607337	501(C)(3)	20,000.				GENERAL SUPPORT
(3) COMMUNITY PARTNERS 1000 N. ALAMEDA ST., LOS ANGELES, CA 90012	95-4302067	501(C)(3)	1,141,160.				GENERAL SUPPORT
(4) COMMUNITY SERVICES UNLIMITED PO BOX 62696, LOS ANGELES, CA 90062	95-3218396	501(C)(3)	28,500.				GENERAL SUPPORT
(5) PROYECTO PASTORAL 135 N MISSION RD, LOS ANGELES, CA 90033	95-3213958	501(C)(3)	39,158.				GENERAL SUPPORT
(6) REDEEMER COMMUNITY PARTNERSHIP 1438 W JEFFERSON BLVD LOS ANGELES, CA 90007	91-2144336	501(C)(3)	21,400.				GENERAL SUPPORT
(7) THE JESTER & PHARLEY PHUND PO BOX 817, PALOS VERDES ESTATES, CA 90274	95-4785834	501(C)(3)	22,600.				GENERAL SUPPORT
(8) UNITED UNIVERSITY CHURCH 817 W. 34TH ST., LOS ANGELES, CA 90089	95-3775859	501(C)(3)	7,400.				GENERAL SUPPORT
(9) CLINICA MSR. OSCAR A. ROMERO 123 S. ALVARADO ST., LOS ANGELES, CA 90057	95-3881333	501(C)(3)	30,400.				GENERAL SUPPORT
(10) HOLLENBECK POLICE ACTIVITIES LEAGUE 126 N. ST. LOUIS ST., LOS ANGELES, CA 90033	01-0780689	501(C)(3)	27,550.				GENERAL SUPPORT
(11) JUMPSTART FOR YOUNG CHILDREN INC. 1625 W. OLYMPIC BLVD, LOS ANGELES, CA 90015	04-3262046	501(C)(3)	14,800.				GENERAL SUPPORT
(12) FRANCISCO HOMES P.O. BOX 7190 LOS ANGELES, CA 90007	26-1856754	501(C)(3)	7,300.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF SOUTHERN CALIFORNIA

Employer identification number

95-1642394

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LIVING ADVANTAGE, INC. 2734 RAYMOND AVE. LOS ANGELES, CA 90007	95-4447561	501(C)(3)	31,300.				GENERAL SUPPORT
(2) LOS ANGELES METROPOLITAN DEBATE LEAGUE 350 S. GRAND AVENUE, 50TH FLOOR	27-3388731	501(C)(3)	21,000.				GENERAL SUPPORT
(3) NFTE GREATER LOS ANGELES 350 S. BIXEL ST., SUITE 280	13-3408731	501(C)(3)	12,200.				GENERAL SUPPORT
(4) PACIFIC ASIAN CONSORTIUM IN EMPLOYMENT 1055 WILSHIRE BLVD., SUITE 900A	51-0192025	501(C)(3)	23,750.				GENERAL SUPPORT
(5) TXT : TEENS EXPLORING TECHNOLOGY 3655 S. GRAND AVE # 220	95-4302067	501(C)(3)	23,200.				GENERAL SUPPORT
(6) AMERICAN LUNG ASSOCIATION 55 W. WACKER DRIVE CHICAGO, IL 60601	13-1632524	501(C)(3)	10,000.				GENERAL SUPPORT
(7) GLENDALE FIRE FOUNDATION 372 WEST ARDEN AVENUE GLENDALE, CA 91203	46-3958585	501(C)(3)	43,195.				GENERAL SUPPORT
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 19.

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STUDENT FINANCIAL AID	23,233.	556,120,550.		N/A	N/A
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I

PART I, LINE 2

USC NEIGHBORHOOD OUTREACH FUNDS ARE DISTRIBUTED THROUGH A COMPETITIVE GRANT MAKING PROCESS. A GRANT REVIEW COMMITTEE COMPRISED OF UNIVERSITY FACULTY, AND STAFF VOLUNTEERS REVIEWS ALL GRANTS, AND PROVIDES FUNDING RECOMMENDATIONS BASED ON A SET OF CRITERIA. ALL FINAL GRANT AWARD DECISIONS ARE MADE BY CIVIC ENGAGEMENT. USC NEIGHBORHOOD OUTREACH MONITORS THE GRANT AWARDS THROUGH AN INTERIM REPORT SIX MONTHS INTO THE PROJECT, AND A FINAL CUMULATIVE REPORT AT THE END OF THE PROJECT. WE CONDUCT AD HOC SITE VISITS TO OBSERVE THE PROGRAM AND REVIEW EDUCATION

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

CONSORTIUM OF CENTRAL LA (ECCLA) ACCOUNTING RECORDS.

THE UNIVERSITY OF SOUTHERN CALIFORNIA ADMINISTERS ONE OF THE NATION'S
LARGEST FINANCIAL AID PROGRAMS THROUGH ITS FINANCIAL AID OFFICE, AWARDING
\$556 MILLION IN AID TO OVER TWO-THIRDS OF OUR UNDERGRADUATE STUDENTS. WE
WILL MEET THE FULL USC-DETERMINED FINANCIAL NEED OF ALL ADMITTED
UNDERGRADUATE STUDENTS WHO MEET ALL FEDERAL, STATE, AND UNIVERSITY
ELIGIBILITY REQUIREMENTS AND DEADLINES. STUDENTS AND THEIR PARENTS ARE
REQUIRED TO SUBMIT ALL APPLICATIONS AND SUPPORT DOCUMENTS, MEETING ALL
DEADLINES, IN ORDER TO MAKE THEIR CLAIM FOR FINANCIAL ASSISTANCE AND TO

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

BE CONSIDERED FOR FINANCIAL AID.

PART II

THE UNIVERSITY OF SOUTHERN CALIFORNIA ALSO ADMINISTERS SUB-AWARDS FOR RESEARCH TO OTHER ORGANIZATIONS IN CONNECTION WITH RESEARCH GRANTS AWARDED TO THE UNIVERSITY. THE UNIVERSITY OF SOUTHERN CALIFORNIA DOES NOT REPORT THESE SUB-AWARDS AS GRANTS ON FORM 990, SCHEDULE I SINCE THE RECIPIENT ORGANIZATIONS PERFORM RESEARCH SERVICES FOR THE UNIVERSITY.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART III, COLUMN(C)

THE CASH GRANT IS REFLECTED ON STUDENT ACCOUNTS.

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF SOUTHERN CALIFORNIA

Employer identification number

95-1642394

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b**2****4a****4b****4c****5a****5b****6a****6b****7****8****9**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHRYSTOSTOMOS L. NIKIAS PRESIDENT/TRUSTEE	(i)	1,467,330.	0.	239,612.	697,270.	159,746.	2,563,958.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MICHAEL QUICK PROVOST/SR VP ACADEMIC AFFAIRS	(i)	682,471.	100,000.	135,327.	27,000.	10,655.	955,453.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 TODD R. DICKEY SR VP, ADMINISTRATION	(i)	642,740.	100,000.	91,236.	27,000.	12,646.	873,622.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JAMES M. STATEN SR VP, FINANCE & CFO	(i)	1,322,160.	200,000.	277,872.	127,000.	30,605.	1,957,637.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ALBERT R. CHECCIO SR VP, UNIVERSITY ADVANCEMENT	(i)	569,097.	300,000.	209,261.	277,000.	16,138.	1,371,496.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 THOMAS S. SAYLES SR VP, UNIV RELATIONS	(i)	391,245.	100,000.	42,157.	27,000.	11,816.	572,218.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 THOMAS E. JACKIEWICZ SVP & CEO FOR KECK MEDICINE	(i)	1,503,947.	450,000.	368,948.	27,000.	15,215.	2,365,110.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 CAROL MAUCH AMIR SVP & GEN COUNSEL/SECRETARY	(i)	572,776.	100,000.	81,386.	27,000.	32,411.	813,573.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JAMES G. ELLIS DEAN-MARSHALL SCHOOL OF BUS.	(i)	547,895.	70,000.	35,825.	27,000.	20,703.	701,423.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 LISA ANN MAZZOCCO CHIEF INVESTMENT OFFICER	(i)	658,895.	337,657.	109,408.	97,400.	26,398.	1,229,758.	242,400.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 AMBER MILLER SEE SCHEDULE O FOR TITLE	(i)	469,828.	45,000.	68,028.	27,000.	33,354.	643,210.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 LAURA MOSQUEDA SEE SCHEDULE O FOR TITLE	(i)	450,546.	50,000.	23,806.	27,000.	13,308.	564,660.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 ROHIT VARMA, MD SEE SCHEDULE O FOR TITLE	(i)	1,160,529.	125,000.	137,728.	27,000.	21,210.	1,471,467.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 YANNIS C. YORTSOS DEAN-VITERBI SCHOOL OF ENG.	(i)	397,830.	100,000.	24,050.	27,000.	29,917.	578,797.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 CHARLES HELTON HEAD FOOTBALL COACH	(i)	2,358,120.	450,500.	302,865.	27,000.	80,450.	3,218,935.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 VAUGHN A. STARNES, MD CHAIR & DIST PROF SURGERY	(i)	2,525,919.	0.	247,250.	27,000.	31,999.	2,832,168.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ANDY ENFIELD HEAD BASKETBALL COACH	(i) 2,394,517.	75,000.	262,841.	27,000.	29,790.	2,789,148.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	INDERBIR SINGH GILL, MD PROF & CHAIR - UROLOGY	(i) 2,147,566.	0.	446,455.	27,000.	86,943.	2,707,964.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
3	LOUIS A. VANDERMOLEN MD PROFESSOR OF CLINICAL MEDICINE	(i) 1,992,508.	0.	173,336.	27,000.	21,286.	2,214,130.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
4	DANI BYRD SEE SCHEDULE O FOR TITLE	(i) 329,441.	0.	26,922.	27,000.	81,528.	464,891.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
5	STEVE A. KAY SEE SCHEDULE O FOR TITLE	(i) 678,814.	0.	98,680.	27,000.	55,633.	860,127.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
6	CARMEN A. PULIAFITO, MD SEE SCHEDULE O FOR TITLE	(i) 623,831.	124,000.	1,081,215.	27,000.	20,094.	1,876,140.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A AND LINE 1B:

FIRST-CLASS TRAVEL:

THE UNIVERSITY OF SOUTHERN CALIFORNIA REQUIRES THAT ECONOMY-CLASS (COACH) TRAVEL BE UTILIZED FOR UNIVERSITY BUSINESS. FIRST AND BUSINESS CLASS AIR TRAVEL IS ONLY ALLOWED WHEN THERE IS ADVANCE WRITTEN APPROVAL, WHEN IT IS NECESSARY FOR MEDICAL REASONS, OR WHEN COACH CLASS IS UNAVAILABLE. THERE IS NO VALUE INCLUDED IN THE INDIVIDUAL'S FORM W-2 AS TAXABLE INCOME AS ONLY BUSINESS TRAVEL EXPENSES ARE PAID.

THE INDIVIDUALS LISTED IN FORM 990, PART VII WHO FLEW FIRST CLASS DURING CALENDAR YEAR 2017 INCLUDED FIVE OFFICERS, FIVE KEY EMPLOYEES, THREE HIGHEST COMPENSATED EMPLOYEES AND ONE FORMER KEY EMPLOYEE.

CHARTER TRAVEL:

THE UNIVERSITY OF SOUTHERN CALIFORNIA UTILIZES CHARTER TRAVEL ON OCCASION FOR ATHLETIC TEAM EVENTS AND OTHER UNIVERSITY BUSINESS FOR CERTAIN INDIVIDUALS AS PART OF THEIR OFFICIAL RESPONSIBILITIES TO THE UNIVERSITY OF SOUTHERN CALIFORNIA. THERE IS NO VALUE INCLUDED IN THE INDIVIDUAL'S FORM W-2 AS TAXABLE INCOME AS ONLY BUSINESS TRAVEL EXPENSES ARE PAID.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE INDIVIDUALS LISTED IN FORM 990, PART VII WHO UTILIZED CHARTER TRAVEL DURING CALENDAR YEAR 2017 INCLUDED TWO OFFICERS, FOUR TRUSTEES, AND ONE HIGHEST COMPENSATED EMPLOYEE.

TRAVEL FOR COMPANIONS:

THE UNIVERSITY OF SOUTHERN CALIFORNIA PAYS FOR COMPANION TRAVEL WHEN THERE IS A BUSINESS PURPOSE. THE AMOUNT IS NOT REPORTED ON THE EMPLOYEE'S FORM W-2 AS TAXABLE INCOME AS ONLY BUSINESS TRAVEL EXPENSES ARE PAID. TO THE EXTENT THERE IS NO BUSINESS PURPOSE, THE EMPLOYEES ARE REQUIRED TO REIMBURSE THE UNIVERSITY FOR COMPANION TRAVEL OR THE VALUE OF THE COMPANION TRAVEL WILL BE INCLUDED AS TAXABLE COMPENSATION TO THE EMPLOYEE.

THE INDIVIDUALS LISTED IN FORM 990, PART VII WHO WERE PROVIDED WITH COMPANION TRAVEL FOR BUSINESS PURPOSES DURING CALENDAR YEAR 2017 INCLUDED ONE OFFICER, FOUR TRUSTEES, ONE KEY EMPLOYEE AND THREE HIGHEST COMPENSATED EMPLOYEES.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

ONE OFFICER RECEIVED TAXABLE COMPANION TRAVEL FOR NON-BUSINESS PURPOSES DURING CALENDAR YEAR 2017. THE VALUE OF THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III).

RESIDENCE FOR PERSONAL USE:

LODGING PROVIDED IN THE PRESIDENT'S HOME (A UNIVERSITY BUILDING) TO THE PRESIDENT IS NOT REPORTED ON FORM W-2 AS TAXABLE INCOME AS THE PRESIDENT IS REQUIRED TO ACCEPT SUCH LODGING AS A CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE UNIVERSITY. THE RENTAL VALUE OF THE PORTION OF THE PRESIDENT'S HOME THAT IS USED FOR PERSONAL PURPOSES IS INCLUDED AS A NONTAXABLE BENEFIT TO THE PRESIDENT AND IS REPORTED ON SCHEDULE J, PART II, COLUMN (D).

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES:

PAYMENT TO OR REIMBURSEMENT FOR AN INDIVIDUAL'S MEMBERSHIP IN, OR DUES TO, A PRIVATE CLUB FOR BUSINESS PURPOSES IS MADE AVAILABLE IN CERTAIN EMPLOYMENT CONTRACTS OR IS OTHERWISE APPROVED BY THE APPLICABLE SENIOR

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

VICE PRESIDENT OR THE PRESIDENT. THE VALUE OF MEMBERSHIPS PROVIDED FOR BUSINESS PURPOSES IS NOT INCLUDED IN AN INDIVIDUAL'S FORM W-2 AS TAXABLE INCOME. ANY PERSONAL USE OF THESE MEMBERSHIPS IS PAID FOR BY THE INDIVIDUAL.

THE INDIVIDUALS LISTED IN FORM 990, PART VII WHO WERE PROVIDED WITH MEMBERSHIP IN, OR DUES TO, A PRIVATE CLUB DURING CALENDAR YEAR 2017 INCLUDED EIGHT OFFICERS, THREE KEY EMPLOYEES, ONE HIGHEST COMPENSATED EMPLOYEE, AND TWO FORMER KEY EMPLOYEES.

PERSONAL SERVICES:

CERTAIN INDIVIDUALS RECEIVED PERSONAL SERVICES, INCLUDING FINANCIAL PLANNING. SUCH SERVICES ARE MADE AVAILABLE IN EMPLOYMENT CONTRACTS AND THE VALUE OF THE SERVICES, IF USED, WAS INCLUDED IN THE INDIVIDUAL'S FORM W-2 AS TAXABLE INCOME AND IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III).

THE LISTED INDIVIDUALS WHO RECEIVED SUCH BENEFIT DURING CALENDAR YEAR

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

2017 INCLUDED SIX OFFICERS AND ONE HIGHEST COMPENSATED EMPLOYEE.

ONE OFFICER RECEIVED THE SERVICES OF A CAR AND DRIVER. SUCH SERVICES WERE APPROVED AS PART OF HIS EMPLOYMENT CONTRACT, AND THE VALUE OF TAXABLE SERVICES WAS INCLUDED IN HIS FORM W-2 AS TAXABLE INCOME AND IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III).

SCHEDULE J, PART I, LINE 4A:

CARMEN PULIAFITO, MD RECEIVED \$875,000 IN CONNECTION WITH HIS RESIGNATION OF HIS TENURED FACULTY POSITION AND SEPARATION FROM THE UNIVERSITY. THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III).

SCHEDULE J, PART I, LINE 4B:

CHRYSOSTOMOS L. NIKIAS:

DURING CALENDAR YEAR 2017, DR. CHRYSOSTOMOS L. NIKIAS PARTICIPATED IN TWO "DEFINED CONTRIBUTION" NON-QUALIFIED RETIREMENT PLANS, BOTH OF WHICH WERE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. UNDER THE FIRST PLAN, AN AMOUNT EQUAL TO 25% OF DR. NIKIAS' BASE SALARY WAS CREDITED BY THE UNIVERSITY TO THE PLAN. UNDER THE SECOND PLAN, AN AMOUNT EQUAL TO

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

\$200,000 WAS CREDITED BY THE UNIVERSITY. BOTH OF THESE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C).

LISA ANN MAZZOCCO:

THE CHIEF INVESTMENT OFFICER IS ELIGIBLE TO RECEIVE AN ANNUAL AWARD BASED ON A PERCENTAGE OF A PREDESIGNATED TARGET PERFORMANCE. FIFTY PERCENT OF EACH ANNUAL INCENTIVE AWARD IS DEFERRED AND PAID AT THE END OF A TWO-YEAR DEFERRAL PERIOD SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THE PLAN IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE. AN ACCRUAL OF \$70,400 HAS BEEN INCLUDED AS DEFERRED COMPENSATION IN SCHEDULE J, PART II, COLUMN (C) FOR CALENDAR YEAR 2017.

ALBERT R. CHECCIO:

DURING CALENDAR YEAR 2017, THE SR VP/UNIVERSITY ADVANCEMENT PARTICIPATED IN TWO SUCCESSIVE RETENTION PROGRAMS. A PAYMENT IN THE TOTAL AMOUNT OF \$1,000,000 (ACCRUED AT \$250,000 PER YEAR) IS SCHEDULED TO VEST AND BE PAYABLE ON JUNE 30, 2018. THIS PLAN IS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, CONTINGENT UPON CONTINUED EMPLOYMENT AND PERFORMANCE METRICS.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

A PAYMENT OF \$500,000 (ACCRUING AT \$250,000 PER YEAR) IS SCHEDULED TO VEST AND BE PAYABLE ON JUNE 30, 2020. THIS PLAN IS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, CONTINGENT UPON CONTINUED EMPLOYMENT AND PERFORMANCE METRICS. AN ACCRUAL OF \$250,000, IN CONNECTION WITH THE FIRST RETENTION PROGRAM, HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C).

JAMES M. STATEN:

DURING CALENDAR YEAR 2017, SR VP FINANCE/CFO, PARTICIPATED IN A RETENTION PROGRAM. A PAYMENT OF \$500,000 (ACCRUING AT \$100,000 PER YEAR) IS SCHEDULED TO VEST AND BE PAYABLE IN 2021 SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. AN ACCRUAL OF \$100,000 HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C).

OTHER:

IN 1994 USC CREATED A 457(F) SUPPLEMENTAL RETIREMENT PLAN TO PROVIDE MAKE-UP BENEFITS TO EMPLOYEES WHOSE COMPENSATION EXCEEDS THE EARNINGS LIMITATION FOR CONTRIBUTIONS TO THE USC DEFINED CONTRIBUTION RETIREMENT PLAN. AS OF JANUARY 1, 2005, THE PLAN WAS FROZEN AND PARTICIPANTS, WITH

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

RESPECT TO FUTURE MAKE-UP BENEFITS, WERE NO LONGER PERMITTED TO DEFER
THESE BENEFITS.

SCHEDULE J, PART I, LINE 7:

CERTAIN INDIVIDUALS LISTED IN SCHEDULE J, PART II RECEIVED A MERIT BASED
BONUS AND THE AMOUNT OF SUCH BONUSES ARE SHOWN ON SCHEDULE J, PART II,
COLUMN (B)(II). SEE ALSO LINE 4(B) DISCLOSURE FOR LISA ANN MAZZOCCO.

SCHEDULE J, PART I, LINE 8

THE KECK SCHOOL OF MEDICINE DEAN IS SERVING UNDER HER INITIAL CONTRACT
WITH THE UNIVERSITY.

**SCHEDULE K
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information on Tax-Exempt Bonds**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF SOUTHERN CALIFORNIA

Employer identification number

95-1642394

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CEFA - SERIES 2009C	52-1705592	130178TF3	07/09/2009	91,457,316.	REFINANCING SERIES 1998A AND 1999		X		X		X
B CEFA - SERIES 2012A	52-1705592	130178R81	08/29/2012	52,904,681.	REFINANCING SERIES 2003A&C		X		X		X
C CEFA - SERIES 2015A	52-1705592	1301786D3	07/07/2015	53,127,773.	REFINANCING SERIES 2005A		X		X		X
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	5,491,390.		5,908,043.		2,935,535.			
2 Amount of bonds legally defeased								
3 Total proceeds of issue	91,457,316.		52,904,681.		53,127,773.			
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	734,160.		574,965.		496,785.			
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	90,723,156.		52,392,716.		52,630,988.			
12 Other unspent proceeds								
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			X	X			
15 Were the bonds issued as part of an advance refunding issue?		X	X			X		
16 Has the final allocation of proceeds been made?	X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2017

Part III Private Business Use (Continued)

TAX-EXEMPT BOND ISSUE SET 1

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?				X	X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?					X			
c Are there any research agreements that may result in private business use of bond-financed property?			X		X			
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X		X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		.1000 %		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		.0200 %		%
6 Total of lines 4 and 5		%		.1000 %		.0200 %		%
7 Does the bond issue meet the private security or payment test?				X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?				X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?			X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X			
b Exception to rebate?	X			X		X		
c No rebate due?		X	X			X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X		X		X			

[illegible]

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

PART IV, LINE 2(C)

FOR CEFA-SERIES 2012A, NO FURTHER CALCULATIONS ARE NECESSARY AS ALL

EARNINGS HAVE BEEN SPENT.

SCHEDULE L
(Form 990 or 990-EZ)**Transactions With Interested Persons**

OMB No. 1545-0047

2017**Open To Public
Inspection**Department of the Treasury
Internal Revenue Service▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

UNIVERSITY OF SOUTHERN CALIFORNIA

Employer identification number

95-1642394

Part I**Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$ _____

Part II**Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) THOMAS JACKIEWICZ	EMPLOYEE	HOUSING LOAN		X	700,000.	280,000.		X	X		X	
(2) THOMAS JACKIEWICZ	EMPLOYEE	HOUSING LOAN		X	800,000.	724,193.		X	X		X	
(3) STEVE KAY	EMPLOYEE	HOUSING LOAN		X	500,000.	450,000.		X	X		X	
(4) STEVE KAY	EMPLOYEE	HOUSING LOAN		X	500,000.	481,473.		X	X		X	
(5) AMBER MILLER	EMPLOYEE	HOUSING LOAN		X	500,000.	450,000.		X	X		X	
(6) AMBER MILLER	EMPLOYEE	HOUSING LOAN		X	500,000.	477,209.		X	X		X	
(7) CARMEN PULIAFITO, MD	EMPLOYEE	HOUSING LOAN		X	800,000.	570,435.		X	X		X	
(8) MICHAEL QUICK	EMPLOYEE	HOUSING LOAN		X	450,000.	90,000.		X	X		X	
(9) JAMES STATEN	EMPLOYEE	HOUSING LOAN		X	1,000,000.	1,000,000.		X	X		X	
(10) JAMES STATEN	EMPLOYEE	HOUSING LOAN		X	1,000,000.	800,000.		X	X		X	
Total						▶ \$ 22,823,310.						

Part III**Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

SCHEDULE L
(Form 990 or 990-EZ)**Transactions With Interested Persons**

OMB No. 1545-0047

2017**Open To Public
Inspection**Department of the Treasury
Internal Revenue Service▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

UNIVERSITY OF SOUTHERN CALIFORNIA

Employer identification number

95-1642394

Part I**Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, ▶ \$ _____

Part II**Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) TGM INVESTMENTS, LLC	TRUSTEE	TRUSTEE LOAN	X		17,500,000.	17,500,000.		X		X	X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$ _____												

Part III**Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CHRISTOPHER B. ALLEN	SON-IN-LAW OF TRUSTEE	157,870.	USC EMPLOYEE		X
(2) ADLEY CHAN	SON OF TRUSTEE	106,814.	USC EMPLOYEE		X
(3) DIANA MEKEL	SISTER-IN-LAW OF OFFICER	66,957.	USC EMPLOYEE		X
(4) NIKI C NIKIAS	SPOUSE OF OFFICER	154,163.	USC EMPLOYEE		X
(5) CAROL PEDEN, MD	SPOUSE OF OFFICER	268,384.	USC EMPLOYEE		X
(6) JANET PINE, MD	SPOUSE OF KEY EMPLOYEE	150,400.	USC EMPLOYEE		X
(7) QUINN GROUP, INC.	TRUSTEE IS OWNER	137,090.	EQUIPMENT PURCHASE AND SERVICE		X
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF SOUTHERN CALIFORNIA

Employer identification number

95-1642394

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	548.	64,573,598.	HIGH-LOW AVERAGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	3.	324,001.	APPRAISED VALUE
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (EQUIPMENT)	X	27.	1,623,827.	FMV
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 21.

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2017)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN(B)

THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS RECEIVED.

SCHEDULE M, PART I, LINE 32(A)

THE UNIVERSITY OF SOUTHERN CALIFORNIA UTILIZES BROKERAGE FIRMS TO SELL
NON-CASH CONTRIBUTIONS THAT THE UNIVERSITY RECEIVES AS GIFTS AND THE
PROCEEDS ARE REMITTED BACK TO THE UNIVERSITY.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF SOUTHERN CALIFORNIA

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017**Open to Public
Inspection**

Employer identification number

95-1642394

FORM 990, PART I, LINE 1 AND PART III, LINE 1

THE CENTRAL MISSION OF THE UNIVERSITY OF SOUTHERN CALIFORNIA IS THE
DEVELOPMENT OF HUMAN BEINGS AND SOCIETY AS A WHOLE THROUGH THE
CULTIVATION AND ENRICHMENT OF THE HUMAN MIND AND SPIRIT. THE PRINCIPAL
MEANS BY WHICH OUR MISSION IS ACCOMPLISHED ARE TEACHING, RESEARCH,
ARTISTIC CREATION, PROFESSIONAL PRACTICE, AND SELECTED FORMS OF PUBLIC
SERVICE.

OUR FIRST PRIORITY AS FACULTY AND STAFF IS THE EDUCATION OF OUR STUDENTS,
FROM FRESHMEN TO POSTDOCTORALS, THROUGH A BROAD ARRAY OF ACADEMIC,
PROFESSIONAL, EXTRACURRICULAR, AND ATHLETIC PROGRAMS OF THE FIRST RANK.
THE INTEGRATION OF LIBERAL AND PROFESSIONAL LEARNING IS ONE OF USC'S
SPECIAL STRENGTHS. WE STRIVE CONSTANTLY FOR EXCELLENCE IN TEACHING
KNOWLEDGE AND SKILLS TO OUR STUDENTS, WHILE AT THE SAME TIME HELPING THEM
TO ACQUIRE WISDOM AND INSIGHT, LOVE OF TRUTH AND BEAUTY, MORAL
DISCERNMENT, UNDERSTANDING OF SELF, AND RESPECT AND APPRECIATION FOR
OTHERS.

RESEARCH OF THE HIGHEST QUALITY BY OUR FACULTY AND STUDENTS IS
FUNDAMENTAL TO OUR MISSION. USC IS ONE OF A VERY SMALL NUMBER OF PREMIER
ACADEMIC INSTITUTIONS IN WHICH RESEARCH AND TEACHING ARE INEXTRICABLY
INTERTWINED, AND ON WHICH THE NATION DEPENDS FOR A STEADY STREAM OF NEW
KNOWLEDGE, ART, AND TECHNOLOGY. OUR FACULTY ARE NOT SIMPLY TEACHERS OF
THE WORKS OF OTHERS, BUT ACTIVE CONTRIBUTORS TO WHAT IS TAUGHT, THOUGHT,

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Name of the organization

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AND PRACTICED THROUGHOUT THE WORLD.

USC IS PLURALISTIC, WELCOMING OUTSTANDING MEN AND WOMEN OF EVERY RACE, CREED, AND BACKGROUND. WE ARE A GLOBAL INSTITUTION IN A GLOBAL CENTER, ATTRACTING MORE INTERNATIONAL STUDENTS OVER THE YEARS THAN ANY OTHER AMERICAN UNIVERSITY. AND WE ARE PRIVATE, UNFETTERED BY POLITICAL CONTROL, STRONGLY COMMITTED TO ACADEMIC FREEDOM, AND PROUD OF OUR ENTREPRENEURIAL HERITAGE.

AN EXTRAORDINARY CLOSENESS AND WILLINGNESS TO HELP ONE ANOTHER ARE EVIDENT AMONG USC STUDENTS, ALUMNI, FACULTY, AND STAFF; INDEED, FOR THOSE WITHIN ITS COMPASS THE TROJAN FAMILY IS A GENUINELY SUPPORTIVE COMMUNITY. ALUMNI, TRUSTEES, VOLUNTEERS, AND FRIENDS OF USC ARE ESSENTIAL TO THIS FAMILY TRADITION, PROVIDING GENEROUS FINANCIAL SUPPORT, PARTICIPATING IN UNIVERSITY GOVERNANCE, AND ASSISTING STUDENTS AT EVERY TURN.

IN OUR SURROUNDING NEIGHBORHOODS AND AROUND THE GLOBE, USC PROVIDES PUBLIC LEADERSHIP AND PUBLIC SERVICE IN SUCH DIVERSE FIELDS AS HEALTH CARE, ECONOMIC DEVELOPMENT, SOCIAL WELFARE, SCIENTIFIC RESEARCH, PUBLIC POLICY, AND THE ARTS. WE ALSO SERVE THE PUBLIC INTEREST BY BEING THE LARGEST PRIVATE EMPLOYER IN THE CITY OF LOS ANGELES, AS WELL AS THE CITY'S LARGEST EXPORT INDUSTRY IN THE PRIVATE SECTOR.

USC HAS PLAYED A MAJOR ROLE IN THE DEVELOPMENT OF SOUTHERN CALIFORNIA FOR MORE THAN A CENTURY AND PLAYS AN INCREASINGLY IMPORTANT ROLE IN THE

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DEVELOPMENT OF THE NATION AND THE WORLD. WE EXPECT TO CONTINUE TO PLAY THESE ROLES FOR MANY CENTURIES TO COME. THUS OUR PLANNING, COMMITMENTS AND FISCAL POLICIES ARE DIRECTED TOWARD BUILDING QUALITY AND EXCELLENCE IN THE LONG TERM.

FORM 990, PART I, LINE 6

THE UNIVERSITY OF SOUTHERN CALIFORNIA HAS MANY VOLUNTEERS INCLUDING TRUSTEES, BUT DOES NOT FORMALLY TRACK THIS POPULATION.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES SPONSORED RESEARCH:

THE MAJOR RESEARCH IS IN MEDICINE, ENGINEERING AND THE SCIENCES. THE INSTITUTION HAS 692 CONTRACTS/GRANTS AWARDED BY THE FEDERAL GOVERNMENT AND 803 AWARDED IN 2017-2018 BY PRIVATE CORPORATIONS, FOUNDATIONS, OTHER UNIVERSITIES, OR STATE AND LOCAL GOVERNMENTS FOR BASIC RESEARCH.

FORM 990, PART VI, LINE 1

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES IS CHAIRED BY THE CHAIRMAN OF THE BOARD AND CONSISTS OF NO LESS THAN SEVEN AND NO MORE THAN SEVENTEEN VOTING MEMBERS OF THE BOARD. THE COMMITTEE IS ELECTED EACH YEAR BY THE BOARD OF TRUSTEES. WHEN THE BOARD IS NOT IN SESSION, THE EXECUTIVE COMMITTEE HAS ALL OF THE POWER AND AUTHORITY OF THE BOARD, EXCEPT THAT THE EXECUTIVE COMMITTEE IS NOT EMPOWERED TO: (I) FILL VACANCIES ON THE BOARD OR ON ANY COMMITTEE THAT HAS THE AUTHORITY OF THE BOARD; (II) FIX THE COMPENSATION OF THE BOARD MEMBERS FOR THEIR SERVICE AS MEMBERS OF THE BOARD OR ANY COMMITTEE; (III) AMEND OR REPEAL THE

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UNIVERSITY'S BYLAWS OR ADOPT NEW BYLAWS; (IV) AMEND OR REPEAL ANY
RESOLUTION OF THE BOARD WHICH BY ITS EXPRESS TERMS CANNOT BE SO AMENDED
OR REPEALED; (V) APPOINT COMMITTEES OF THE BOARD OR THE MEMBERS THEREOF;
(VI) AUTHORIZE THE EXPENDITURE OF CORPORATE FUNDS TO SUPPORT A NOMINEE
FOR BOARD MEMBERSHIP AFTER THERE ARE MORE PEOPLE NOMINATED FOR BOARD
MEMBERSHIP THAN CAN BE ELECTED; OR (VII) APPROVE ANY SELF-DEALING
TRANSACTION EXCEPT AS PROVIDED BY LAW.

FORM 990, PART VI, LINE 2

OFFICERS, TRUSTEES AND KEY EMPLOYEES SIT ON THE BOARD OF THE MAY DEWRIGHT
TRUST:

JAMES M. STATEN

ROHIT VARMA, MD (UNTIL 10/5/2017)

JOHN MORK

LAURA MOSQUEDA (FROM 10/6/2017)

RICK J. CARUSO

USC TRUSTEE THOMAS J. BARRACK, JR. AND USC TRUSTEE FRANK J. FERTITTA III
HAVE A BUSINESS RELATIONSHIP.

USC TRUSTEE WANDA M. AUSTIN, USC TRUSTEE ROBERT A. BRADWAY AND USC
TRUSTEE RONALD D. SUGAR HAVE A BUSINESS RELATIONSHIP.

USC TRUSTEE WANDA M. AUSTIN AND USC TRUSTEE RONALD D. SUGAR HAVE A
BUSINESS RELATIONSHIP.

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USC TRUSTEE MARK A. STEVENS AND USC TRUSTEE DANIEL J. EPSTEIN HAVE A
BUSINESS RELATIONSHIP.

USC TRUSTEE RONALD D. SUGAR AND USC TRUSTEE LEONARD D. SCHAEFFER HAVE A
BUSINESS RELATIONSHIP.

FORM 990, PART VI, LINE 4

BYLAWS WERE AMENDED ON MAY 31, 2018 TO INCREASE THE NUMBER OF MEMBERS OF
THE EXECUTIVE COMMITTEE TO INCLUDE THE CHAIRMAN OF THE AUDIT AND
COMPLIANCE COMMITTEE.

FORM 990, PART VI, LINE 11(B)

THE UNIVERSITY OF SOUTHERN CALIFORNIA'S FORM 990 IS REVIEWED AT SEVERAL
LEVELS. THE UNIVERSITY ENGAGES AN EXTERNAL PUBLIC ACCOUNTING FIRM TO
ASSIST IN THE PREPARATION AND REVIEW OF ITS FORM 990 AND TO SIGN AS PAID
PREPARER. AMONG THOSE WHO CONDUCT THE REVIEW OF THE FINAL FORM 990 AT
THE UNIVERSITY INCLUDE MANAGEMENT, EXTERNAL COUNSEL, AND THE AUDIT AND
COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES. THE REVIEW OF FORM 990 IS
CONDUCTED PRIOR TO IT BEING FILED AND A FINAL COPY OF THE FORM 990 IS
PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES BEFORE IT IS FILED.

FORM 990, PART VI, LINE 12

THE UNIVERSITY HAS A CONFLICT OF INTEREST IN PROFESSIONAL AND BUSINESS
PRACTICES POLICY AND PROCEDURE WHICH COVERS ALL COVERED EMPLOYEES AND
THEIR CLOSE RELATIONS. A "COVERED EMPLOYEE" MEANS ALL FACULTY MEMBERS
(INCLUDING PART-TIME AND VISITING FACULTY), STAFF AND OTHER EMPLOYEES

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(SUCH AS POSTDOCTORAL SCHOLARS), AND STUDENTS (INCLUDING POSTDOCTORAL FELLOWS AND GRADUATE STUDENTS) EMPLOYED OR OTHERWISE ENGAGED BY THE UNIVERSITY. THE POLICY CONTINUES TO APPLY TO COVERED EMPLOYEES WHILE ON SABBATICAL OR OTHER LEAVES OR ON VACATION, WHILE VISITING OTHER INSTITUTIONS, AND WHILE CONSULTING WITH EXTERNAL ENTITIES. A "CLOSE RELATION" MEANS SPOUSES, DOMESTIC PARTNERS, AND PARENTS, CHILDREN, SIBLINGS, AND EACH OF THEIR RESPECTIVE SPOUSES OR DOMESTIC PARTNERS.

EACH COVERED EMPLOYEE OWES PROFESSIONAL LOYALTY TO THE UNIVERSITY AND MUST BE ALERT TO THE POSSIBILITY THAT OUTSIDE OBLIGATIONS, FINANCIAL INTERESTS, EMPLOYMENT, AND CERTAIN FAMILY OR INTIMATE RELATIONSHIPS CAN AFFECT THAT COMMITMENT. THEREFORE, ALL COVERED EMPLOYEES ARE RESPONSIBLE FOR DETERMINING WHETHER THEY, OR THEIR CLOSE RELATIONS, HAVE A CONFLICT OF INTEREST OR COMMITMENT COVERED BY THIS POLICY. BECAUSE NO POLICY CAN ANTICIPATE THE FULL RANGE OF OUTSIDE RELATIONSHIPS AND ACTIVITIES THAT MAY GIVE RISE TO CONFLICTS OF INTEREST OR COMMITMENT, COVERED EMPLOYEES MUST DISCLOSE ANY OUTSIDE RELATIONSHIP OR ACTIVITY THAT MAY GIVE THE APPEARANCE OF A CONFLICT AS SOON AS FEASIBLE AFTER DISCOVERY OF THE CONFLICT.

THE UNIVERSITY MUST DETERMINE WHETHER A CONFLICT OF INTEREST AND/OR COMMITMENT IS MANAGEABLE BEFORE A COVERED EMPLOYEE IS ALLOWED TO UNDERTAKE THE ACTIVITY GIVING RISE TO THE CONFLICT. THE COVERED EMPLOYEE MUST COMPLY WITH ALL MEASURES PUT IN PLACE TO MANAGE, REDUCE, OR ELIMINATE CONFLICTS OF INTEREST. THIS INCLUDES ANY REQUIREMENT THAT THE

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COVERED EMPLOYEE PROVIDE A FOLLOW-UP DISCLOSURE AT A REASONABLE TIME INTERVAL TO PROVIDE AN UPDATE ON THE STATUS OF THE CONFLICT OF INTEREST OR COMMITMENT, AND HIS OR HER COMPLIANCE WITH THE MEASURES PUT IN PLACE TO MANAGE THE CONFLICT.

ALL DISCLOSURES AS WELL AS DECISIONS ON HOW TO MANAGE THE CONFLICT SHOULD BE DOCUMENTED AND MAINTAINED BY THE PERSON OR COMMITTEE TO WHOM DISCLOSURE IS MADE, AS PROVIDED FOR IN THE POLICY. THE POLICY DOES NOT PRECLUDE THE SENIOR VICE PRESIDENT, PROVOST, OR DEAN, AS APPROPRIATE, FROM REQUIRING A COVERED EMPLOYEE TO PROVIDE ADDITIONAL CONFLICT OF INTEREST OR COMMITMENT INFORMATION OR TO DO SO ON A MORE FREQUENT BASIS (E.G., BI-ANNUALLY).

IF A COVERED EMPLOYEE HAS ANY QUESTIONS ABOUT WHETHER AN OUTSIDE ACTIVITY MUST BE DISCLOSED, THE COVERED EMPLOYEE SHOULD CONSULT WITH HIS OR HER SUPERVISOR OR CONTACT THE OFFICE OF COMPLIANCE FOR GUIDANCE. SUPERVISORS WHO BECOME AWARE THAT COVERED EMPLOYEES UNDER THEIR SUPERVISION HAVE CONFLICTS OF INTEREST OR COMMITMENT COVERED BY THIS POLICY ARE OBLIGATED TO ENSURE THAT THE CONFLICT IS APPROPRIATELY DISCLOSED.

IN ADDITION TO THE PROCEDURES SET FORTH IN THE UNIVERSITY'S CONFLICT OF INTEREST IN PROFESSIONAL AND BUSINESS PRACTICES POLICY, USC'S PROCUREMENT SERVICES DEPARTMENT MAY IDENTIFY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST OR COMMITMENT IN THE COURSE OF PERFORMING ITS DUTIES. IN THE EVENT THAT PROCUREMENT SERVICES IDENTIFIES AN ACTUAL OR POTENTIAL

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CONFLICT OF INTEREST OR COMMITMENT, IT REQUIRES THE COVERED EMPLOYEE TO MAKE A DISCLOSURE UNDER THE CONFLICT OF INTEREST IN PROFESSIONAL AND BUSINESS PRACTICES POLICY, AND VERIFIES THAT ALL ACTUAL CONFLICTS ARE MANAGED BEFORE PROCEEDING. DEPENDING UPON THE CONFLICT, PROCUREMENT SERVICES MAY ALSO REFER THE ISSUE TO THE SENIOR VICE PRESIDENT FOR ADMINISTRATION OR HIS OR HER DESIGNEE, FOR RESOLUTION.

PURCHASING SERVICES MAY SUSPEND ANY FURTHER ACTION ON THE REQUEST THAT INITIATED THE DISCLOSURE UNTIL SUCH TIME AS THE CONFLICT IS MANAGED. IN ADDITION TO THE PROCEDURES SET FORTH ABOVE, A UNIVERSITY FACULTY MEMBER OR NON-FACULTY EMPLOYEE IS REQUIRED TO OBTAIN THE PRIOR WRITTEN APPROVAL FROM THE PROVOST AND SENIOR VICE PRESIDENT FOR ACADEMIC AFFAIRS OR SENIOR VICE PRESIDENT FOR ADMINISTRATION BEFORE HE OR SHE MAY ENDORSE OR AUTHORIZE ENDORSEMENT OF ANY PRODUCT OR SERVICE ON BEHALF OF THE UNIVERSITY.

FAILURE TO DISCLOSE AND MANAGE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST UNDER THIS POLICY, INCLUDING THE EXPECTATIONS DETAILED ABOVE ABOUT WHAT AN INDIVIDUAL SHOULD OR SHOULD NOT DO, MAY BE CAUSE FOR DISCIPLINARY ACTION, WHICH MAY RESULT IN DISCIPLINE, UP THROUGH AND INCLUDING TERMINATION. FOR FACULTY, SUCH ACTION SHALL OBSERVE ALL PROVISIONS OF THE POLICIES PUBLISHED IN THE FACULTY HANDBOOK. ANY DISCIPLINARY ACTION AGAINST A FACULTY MEMBER OR NON-FACULTY EMPLOYEE UNDER THIS POLICY MUST TAKE INTO ACCOUNT THE SCALE OF THE OFFENSE, THE INDIVIDUAL'S INTENT, AND THE DEGREE OF WRONGDOING.

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THE UNIVERSITY MAINTAINS A CONFLICT OF INTEREST POLICY FOR MEMBERS OF THE BOARD OF TRUSTEES. IN GENERAL, THE POLICY REQUIRES THAT A TRUSTEE MUST AVOID USING HIS OR HER POSITION FOR PERSONAL GAIN OR ADVANTAGE, OR TO OBTAIN A FAVORED STATUS FOR ANY SPECIAL GROUP, BUSINESS, OR FAMILY ENTITY WITH WHICH THE TRUSTEE IS AFFILIATED. THE POLICY APPLIES TO ALL VOTING MEMBERS OF THE BOARD OF TRUSTEES. A TRUSTEE WILL CONTINUE TO BE SUBJECT TO THE POLICY FOR FIVE YEARS AFTER LEAVING THE BOARD.

IF A TRUSTEE BECOMES AWARE OF A FINANCIAL INTEREST THAT MAY BE MATERIAL, HE OR SHE IS REQUIRED TO IMMEDIATELY DISCLOSE THAT FINANCIAL INTEREST TO THE CHAIRMAN OF THE BOARD. SUCH DISCLOSURE IS IN ADDITION TO THE REQUIRED ANNUAL DISCLOSURES.

- AFTER CONDUCTING A REASONABLE INVESTIGATION UNDER THE CIRCUMSTANCES, WHICH SHOULD INCLUDE AN ANALYSIS OF COMPARABLE ARRANGEMENTS OR TRANSACTIONS OR THE RECEIPT OF AN OPINION FROM AN EXPERT IN THE RELEVANT FIELD, THE BOARD SHOULD DETERMINE IN GOOD FAITH WHETHER USC COULD OBTAIN A MORE ADVANTAGEOUS FINANCIAL ARRANGEMENT OR TRANSACTION WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

- IN ADDITION, THE BOARD SHOULD DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED MEMBERS, WITH KNOWLEDGE OF THE MATERIAL FACTS CONCERNING THE FINANCIAL ARRANGEMENT OR TRANSACTION AND THE TRUSTEE'S FINANCIAL INTEREST IN THE ARRANGEMENT OR TRANSACTION, WHETHER THE ARRANGEMENT OR

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TRANSACTION IS IN USC'S BEST INTEREST, FOR ITS OWN BENEFIT AND IS FAIR AND REASONABLE TO USC. THE BOARD SHOULD MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE ARRANGEMENT OR TRANSACTION IN CONFORMITY WITH SUCH DETERMINATION.

- SHOULD THE BOARD APPROVE THE FINANCIAL ARRANGEMENT OR TRANSACTION IN QUESTION, THE TRUSTEE WHO HAS A CONFLICT OF INTEREST WILL BE REQUIRED TO ACT IN GOOD FAITH AND WITH FAIRNESS, AND TO REFRAIN FROM EXERTING UNDUE PRESSURE OR INFLUENCE. IN THE BOARD'S DISCRETION, IT MAY ALSO REQUIRE SUCH TRUSTEE TO BE SUBJECT TO THE OVERSIGHT OF A DISINTERESTED TRUSTEE. THIS POLICY HAS BEEN APPROVED BY THE BOARD.

FORM 990, PART VI, LINE 15

THE COMPENSATION OF THE UNIVERSITY'S PRESIDENT, OFFICERS AND KEY EMPLOYEES IS DETERMINED ANNUALLY USING THE SAFE HARBOR PROCESS DESCRIBED IN TREASURY REGULATION SECTION 53.4958-6. NAMELY, A COMMITTEE OF THE UNIVERSITY'S BOARD OF TRUSTEES TAKES THE FOLLOWING THREE STEPS: (1) IT ENSURES THAT NO MEMBER OF THE COMMITTEE HAS A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT BEING REVIEWED, (2) IT LOOKS TO COMPARABILITY DATA AND SPECIALIZED COMPENSATION REPORTS (AND IN SOME CASES OPINIONS) PREPARED FOR THE UNIVERSITY BY COMPENSATION CONSULTANTS WITH RESPECT TO SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED UNIVERSITIES, AND (3) IT MAINTAINS A CONTEMPORANEOUS RECORD OF ITS DELIBERATIONS AND DECISIONS.

FORM 990, PART VI, LINE 19

THE UNIVERSITY MAKES ITS BYLAWS, FINANCIAL STATEMENTS/ANNUAL REPORT,

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CONFLICT OF INTEREST IN PROFESSIONAL AND BUSINESS PRACTICES, AND CONFLICT
OF INTEREST IN RESEARCH POLICIES AVAILABLE TO THE GENERAL PUBLIC ON THE
ORGANIZATION'S WEBSITE.

FORM 990, PART VII, SECTION A

THE TITLE FOR AMBER MILLER IS DEAN, USC DORNSIFE COLLEGE OF LETTERS, ARTS
AND SCIENCES.

THE TITLE FOR LAURA MOSQUEDA IS KECK SCHOOL OF MEDICINE INTERIM DEAN
(UNTIL 4/30/18) AND KECK SCHOOL OF MEDICINE DEAN (AS OF 5/01/18).

THE TITLE FOR ROHIT VARMA, MD IS KECK SCHOOL OF MEDICINE DEAN (UNTIL
10/05/17).

THE TITLE FOR DANI BYRD IS FORMER INTERIM DEAN, USC DORNSIFE COLLEGE OF
LETTERS, ARTS AND SCIENCES.

THE TITLE FOR STEVE A. KAY IS FORMER VISITING PROFESSOR OF NEUROLOGY.

THE TITLE FOR CARMEN A. PULIAFITO, MD IS FORMER KECK SCHOOL OF MEDICINE
DEAN

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

PRESENT VALUE ADJUSTMENT TO TRUST LIABILITY: \$1,790,370

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ATTACHMENT 1FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

SPAIN

FRANCE

UNITED KINGDOM

HONG KONG

CHINA

KOREA, REPUBLIC OF (SOUTH)

MEXICO

TAIWAN

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DPR CONSTRUCTION, A GENERAL PARTNERSHIP 4665 MACARTHUR, CT #100 NEWPORT BEACH, CA 92660	CONSTRUCTION SVCS	108,181,744.
HATHAWAY DINWIDDIE CONSTRUCTION COMPANY 275 BATTERY STREET, SUITE 300 SAN FRANCISCO, CA 94111	CONSTRUCTION SVCS	90,936,800.
2U, INC. 1150 S. OLIVE STREET, SUITE 2050 LOS ANGELES, CA 90015	ONLINE EDUCATION SVC	80,181,744.
CONTEMPORARY SERVICES CORPORATION 17101 SUPERIOR STREET NORTHRIDGE, CA 91325-1961	CROWD MGMT& SECURITY	13,393,659.
HAMILTON HEALTHCARE CONSTRUCTION 202 MERCURY CIRCLE POMONA, PA 19107	CONSTRUCTION SVCS	10,676,667.

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) USC GATEWAY, LLC 20-2108058 UNIVERSITY GARDENS - UGB203 LOS ANGELES, CA 90089	PROPERTY MGMT	CA		0.	USC
(2) USC VERDUGO HILLS HOSPITAL, LLC 80-0912056 UNIVERSITY GARDENS - UGB205 LOS ANGELES, CA 90089	ACUTE CARE	CA		0.	USC
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AE MANN INSTIT. FOR BIOMEDICAL ENGINEER. 95-4684347 C/O USC UGB203 LOS ANGELES, CA 90089	BIOMEDICAL	DE	501(C)(3)	12A	N/A		X
(2) ICT PRODUCTIONS, INC. 95-4843260 C/O USC UGB203 LOS ANGELES, CA 90089	EDUC. MEDIA	CA	501(C)(3)	12A	USC	X	
(3) LORD FOUNDATION OF CALIFORNIA 95-3168340 C/O USC UGB203 LOS ANGELES, CA 90089	USC SUPPORT	CA	501(C)(3)	12A	USC	X	
(4) DAVID X. MARKS FOUNDATION 95-6034304 C/O USC UGB203 LOS ANGELES, CA 90089	USC SUPPORT	CA	501(C)(3)	12A	USC	X	
(5) USC CARE MEDICAL GROUP, INC. 95-4540991 1510 SAN PABLO ST., SUITE 649 LOS ANGELES, CA 90033	MANAGED CARE	CA	501(C)(3)	10	USC	X	
(6) SURVIVORS OF SHOAH VISUAL HISTORY FDN. 95-4474965 C/O USC, 650 W. 35TH ST. LOS ANGELES, CA 90089	EDUC. MEDIA	CA	501(C)(3)	7	USC	X	
(7) PACIFIC-12 CONFERENCE 94-1459048 1350 TREAT BOULEVARD WALNUT CREEK, CA 94597	USC SUPPORT	CA	501(C)(3)	12A	N/A		X

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Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017**Open to Public
Inspection**

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CLASSICAL PUBLIC RADIO NETWORK, LLC 84-1474681 7409 SOUTH ALTON COURT CENTENNIAL, CO 80112	EDUC. MEDIA	CO	501(C)(3)	12A	USC	X	
(2) THE ASC TRUST AT USC 77-6216147 C/O R. FOX, 1500 MARKET STREET PHILADELPHIA, PA 19102	USC SUPPORT	PA	501(C)(3)	12D	N/A		X
(3) USC VERDUGO HILLS HOSPITAL FOUNDATION 95-3247823 1812 VERDUGO BLVD GLENDALE, CA 91208	USC SUPPORT	CA	501(C)(3)	12A	USC	X	
(4) NAT'L HLTHCRE RESEARCH & EDUC FINANCE CO 31-1707979 1445 ROSS AVENUE, STE 3800 DALLAS, TX 75202	USC SUPPORT	TX	501(C)(3)	12	N/A		X
(5)							
(6)							
(7)							

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JSA

7E1307 1.000

79590J 7377

V 17-7.10

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) USC/SCA SURGICAL HOLDINGS, LLC 1510 SAN PABLO ST. LOS ANGELES	HOLDING COMPANY	CA	USC	RELATED					0.	X		51.0000
(2) LAZARD EMERGING MARKETS INST. 20 TRAFALGAR SQ., STE 449 NASH	INVESTMENTS	NH	USC	RELATED	1,911,474.	50,910,967.			0.		X	88.8500
(3) WELLINGTON TRUST COMPANY, NA C 200 CONGRESS STREET BOSTON, MA	INVESTMENTS	MA	USC	RELATED	3,324,052.	30,733,367.			0.		X	100.0000
(4) LARDAS HOLDINGS, LLC 47-264055 863 BUNGALOW DRIVE EL SEGUNDO,	INVESTMENTS	CA	USC	RELATED	39,455.	1,972,115.			0.		X	99.0000
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MAY ROBERTS DEWRIGHT TRUST 95-6284845 UNIVERSITY GARDENS - UGB203 LOS ANGELES, CA 90089-8003	USC SUPPORT	CA	USC	T	906,063.	8,169,595.	100.0000	X	
(2) INTEGRATED DIGITAL ASSET CORPORATION 95-4680904 UNIVERSITY GARDENS - UGB203 LOS ANGELES, CA 90089-8003	3RD PARTY CON	CA	USC	C	0.	0.	100.0000	X	
(3) CHARITABLE REMAINDER TRUST (237) SEE PART VII FOR COLUMN (C) SEE PART VII, CA 90089	FUNDRAISING		USC	T				X	
(4) POOLED INCOME FUND (1)	FUNDRAISING	CA	USC	T				X	
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LORD FOUNDATION OF CALIFORNIA	S	13,376,952.	FMV
(2) LORD FOUNDATION OF CALIFORNIA	C	2,200,000.	FMV
(3) USC CARE MEDICAL GROUP, INC.	Q	331,295,301.	FMV
(4) MAY ROBERTS DEWRIGHT TRUST	S	1,673,393.	FMV
(5) MAY ROBERTS DEWRIGHT TRUST	C	835,918.	FMV
(6) DAVID X. MARKS FOUNDATION	C	1,534,000.	FMV

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LAZARD EMERGING MARKETS INST. TRUST	P	464,258.	FMV
(2) LAZARD EMERGING MARKETS INST. TRUST	R	1,188,638.	FMV
(3) LAZARD EMERGING MARKETS INST. TRUST	S	1,709,370.	FMV
(4) WELLINGTON TRST CO CTF REAL TOTAL RTRN PORTFO	P	137,445.	FMV
(5) WELLINGTON TRST CO CTF REAL TOTAL RTRN PORTFO	R	429,413.	FMV
(6) CLASSICAL PUBLIC RADIO LLC	C	402,269.	BOOK

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
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(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, LINE 4, COLUMN (C)

THE LEGAL DOMICILES OF THE CHARITABLE REMAINDER TRUSTS INCLUDE: CA, CO,

FL, HI, IL, IN, NV, NY, NC, PA, AND WA.

Report of Independent Auditors

To the Board of Trustees of the University of Southern California

We have audited the accompanying consolidated financial statements of the University of Southern California and its subsidiaries (collectively “The University”), which comprise the consolidated balance sheets as of June 30, 2018 and 2017, and the related consolidated statements of activities and cash flows for the years then ended.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the University's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the University's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the University of Southern California and its subsidiaries as of June 30, 2018 and 2017, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The “2018-2019 Budget” is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the consolidated financial statements, and accordingly, we do not express an opinion or provide any assurance on it.



PricewaterhouseCoopers LLP

Los Angeles, CA

November 21, 2018

Consolidated Balance Sheets

in thousands

	June 30 2018	June 30 2017
Assets		
1 Cash and cash equivalents	\$818,978	\$783,505
2 Accounts receivable, net	461,051	406,630
3 Notes receivable, net	68,585	72,950
4 Pledges receivable, net	570,186	628,633
5 Investments	6,231,311	5,770,926
6 Inventories, prepaid expenses and other assets	278,831	288,969
7 Property, plant and equipment, net	4,174,090	4,009,596
8 Total Assets	\$12,603,032	\$11,961,209
Liabilities		
9 Accounts payable	\$273,631	\$308,480
10 Accrued liabilities	750,430	564,341
11 Refundable advances	15,974	18,190
12 Deposits and deferred revenue	261,894	246,641
13 Actuarial liability for annuities payable	108,842	124,277
14 Federal student loan funds	64,319	65,649
15 Asset retirement obligations	126,865	121,085
16 Capital lease obligations	74,222	72,606
17 Bonds and notes payable	1,652,388	1,656,279
18 Other liabilities	4,936	3,443
19 Total Liabilities	3,333,501	3,180,991
Net Assets		
20 Without donor restrictions	4,331,141	4,151,215
21 With donor restrictions	4,938,390	4,629,003
22 Total Net Assets	9,269,531	8,780,218
23 Total Liabilities and Net Assets	\$12,603,032	\$11,961,209

The accompanying notes are an integral part of this statement.

Consolidated Statements of Activities

in thousands

	Year Ended June 30, 2018		
	Without Donor Restrictions	With Donor Restrictions	Total Net Assets
Operating			
Revenues:			
1 Student tuition and fees	\$2,043,455		\$2,043,455
2 Less financial aid	(556,121)		(556,121)
3 Net student tuition and fees	1,487,334		1,487,334
4 Health care services	1,726,724		1,726,724
5 Contracts and grants	515,956		515,956
6 Auxiliary enterprises	375,898		375,898
7 Sales and services	163,052		163,052
8 Contributions	292,758		292,758
9 Other	138,208		138,208
10 Allocation of endowment spending	236,896		236,896
11 Total Revenues	4,936,826		4,936,826
12 Net assets released from restrictions	155,927	(155,927)	
13 Total Revenues and Reclassifications	5,092,753	(155,927)	4,936,826
Expenses:			
14 Salaries and benefits	2,808,353		2,808,353
15 Operating expenses	1,693,235		1,693,235
16 Depreciation	261,462		261,462
17 Interest on indebtedness	65,725		65,725
18 Expenses before Settlement	4,828,775		4,828,775
19 Increase (decrease) in Net Assets from Operating Activities before Settlement	263,978	(155,927)	108,051
20 Settlement (refer to Note 15)	215,000		215,000
21 Increase (decrease) in Net Assets from Operating Activities	48,978	(155,927)	(106,949)
Non-operating			
22 Allocation of endowment spending to operations	(97,462)	(139,434)	(236,896)
23 Changes in funding status of defined benefit plan	23,433		23,433
24 Investment and endowment income	67,665	737	68,402
25 Net appreciation in fair value of investments	124,229	336,557	460,786
26 Contributions	13,083	265,664	278,747
27 Present value adjustment to annuities payable		1,790	1,790
28 Loss on bond refunding			
29 Increase in Net Assets from Non-operating Activities	130,948	465,314	596,262
30 Total increase in Net Assets	179,926	309,387	489,313
31 Beginning Net Assets	4,151,215	4,629,003	8,780,218
32 Ending Net Assets	\$4,331,141	\$4,938,390	\$9,269,531

The accompanying notes are an integral part of this statement.

Consolidated Statements of Activities

in thousands

	Year Ended June 30, 2017		
	Without Donor Restrictions	With Donor Restrictions	Total Net Assets
Operating			
Revenues:			
1 Student tuition and fees	\$1,899,584		\$1,899,584
2 Less financial aid	(510,550)		(510,550)
3 Net student tuition and fees	1,389,034		1,389,034
4 Health care services	1,552,230		1,552,230
5 Contracts and grants	475,185		475,185
6 Auxiliary enterprises	346,401		346,401
7 Sales and services	158,140		158,140
8 Contributions	281,084		281,084
9 Other	113,652		113,652
10 Allocation of endowment spending	227,920		227,920
11 Total Revenues	4,543,646		4,543,646
12 Net assets released from restrictions	141,320	(\$141,320)	
13 Total Revenues and Reclassifications	4,684,966	(141,320)	4,543,646
Expenses:			
14 Salaries and benefits	2,532,294		2,532,294
15 Operating expenses	1,486,579		1,486,579
16 Depreciation	245,411		245,411
17 Interest on indebtedness	68,009		68,009
18 Total Expenses	4,332,293		4,332,293
19 Increase (decrease) in Net Assets from Operating Activities	352,673	(141,320)	211,353
Non-operating			
20 Allocation of endowment spending to operations	(91,670)	(136,250)	(227,920)
21 Changes in funding status of defined benefit plan	(38,376)		(38,376)
22 Investment and endowment income	81,913	2,170	84,083
23 Net appreciation in fair value of investments	162,141	418,767	580,908
24 Contributions	22,547	306,378	328,925
25 Present value adjustment to annuities payable		(3,896)	(3,896)
26 Loss on bond refunding	(37,281)		(37,281)
27 Increase in Net Assets from Non-operating Activities	99,274	587,169	686,443
28 Total increase in Net Assets	451,947	445,849	897,796
29 Beginning Net Assets	3,699,268	4,183,154	7,882,422
30 Ending Net Assets	\$4,151,215	\$4,629,003	\$8,780,218

The accompanying notes are an integral part of this statement.

Consolidated Statements of Cash Flows

in thousands

	Year Ended June 30, 2018	Year Ended June 30, 2017
Cash Flows from Operating Activities		
1 Change in Net Assets	\$489,313	\$897,796
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
2 Depreciation and amortization	261,462	245,411
3 Loss on the disposal/sale of plant assets	1,160	6,560
4 In-kind receipt of property, plant and equipment	(1,624)	(3,205)
5 Maturities and present value adjustment to annuities payable	(1,663)	3,685
6 Increase in accounts receivable	(54,421)	(22,916)
7 Increase in pledges receivable	(64,109)	(82,942)
8 Increase in inventories, prepaid expenses and other assets	(46,188)	(10,848)
9 (Decrease) increase in accounts payable	(34,017)	28,391
10 Increase (decrease) in accrued liabilities	262,358	(44,529)
11 Decrease in refundable advances	(2,216)	(1,663)
12 Increase in deposits and deferred revenue	15,253	46,016
13 Increase (decrease) in other liabilities	1,493	(703)
14 Contributions restricted for property, plant and equipment and permanent investment	(242,161)	(244,298)
15 Net realized gain on sale of investments	(228,398)	(128,978)
16 Net unrealized (appreciation) in investments	(232,402)	(452,088)
17 Net Cash provided by Operating Activities	123,840	235,689
Cash Flows from Investing Activities		
18 Proceeds from note collections	16,372	14,584
19 Notes issued	(10,251)	(11,436)
20 Proceeds from sale and maturity of investments	4,471,561	5,476,450
21 Purchase of investments	(4,495,337)	(5,327,902)
22 Purchase of property, plant and equipment	(420,545)	(690,526)
23 Net Cash used in Investing Activities	(438,200)	(538,830)
Cash Flows from Financing Activities		
Contributions restricted for permanent investment:		
24 Endowment	223,520	244,180
25 Plant	139,252	117,402
26 Trusts and other	1,947	830
27 Repayments of capital lease obligation	1,616	(54,389)
28 Repayment of long-term debt	(1,400)	(673,930)
29 Proceeds from issuance of long-term debt		1,124,900
30 Decrease in federal student loan funds	(1,330)	(3,222)
31 Investment (loss) on annuities payable	(6,667)	(17,414)
32 Payment on annuities payable	(11,315)	(11,269)
33 Increase to annuities payable resulting from new contributions	4,210	2,677
34 Net Cash provided by Financing Activities	349,833	729,765
35 Net increase in Cash and Cash Equivalents	35,473	426,624
36 Cash and Cash Equivalents at beginning of year	783,505	356,881
37 Cash and Cash Equivalents at end of year	\$818,978	\$783,505

The accompanying notes are an integral part of this statement.

Notes to Consolidated Financial Statements

Note 1

Significant Accounting Policies Followed by the University of Southern California are Set Forth Below:

General:

The University of Southern California ("university") is a not-for-profit ("NFP"), major private research university. The university is generally exempt from federal income taxes under the provisions of Internal Revenue Code Section 501(c)(3). The university is also generally exempt from payment of California state income, gift, estate and inheritance taxes.

Basis of Presentation:

The consolidated financial statements have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America and with the provisions of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958, *Not-for-Profit Entities*, which requires the university to classify its net assets into two categories according to donor-imposed restrictions: net assets without donor-imposed restrictions and net assets with donor-imposed restrictions. All material transactions between the university and its subsidiaries have been eliminated.

Net Assets Without and With Donor Restrictions:

Net assets without donor restrictions are the part of net assets of a not-for-profit entity that are not subject to donor-imposed restrictions. A donor-imposed restriction is a donor stipulation that specifies a use for a contributed asset that is more specific than broad limits resulting from the following: a) the nature of the not-for-profit entity, b) the environment in which it operates and c) the purposes specified in its articles of incorporation or bylaws or comparable documents.

This classification includes all revenues, gains and expenses not restricted by donors. The university reports all expenditures in this class of net assets, since the use of restricted contributions in accordance with donors' stipulations results in the release of the restriction.

The part of net assets of a not-for-profit entity that is subject to donor-imposed restrictions include contributions for which donor-imposed restrictions have not been met (primarily future capital projects), endowment appreciation, charitable remainder unitrusts, pooled income funds, gift annuities and pledges receivable are included in with donor restrictions net assets.

Measure of Operations:

The university's measure of operations as presented in the consolidated statements of activities includes revenue from tuition (net of certain scholarships and fellowships) and fees, grants and contracts, health care services, contributions for operating programs, the allocation of endowment spending for operations and other revenues. Operating expenses are reported on the consolidated statement of activities by natural classification.

The university's non-operating activity within the consolidated statement of activities includes, investment returns and other activities related to endowment, long-term benefit plan obligation funding changes, student loan net assets and contributions related to land, buildings and equipment that are not part of the university's operating activities.

Other Accounting Policies:

Cash and cash equivalents consist of U.S. Treasury bills, certificates of deposit, money market funds and all other short-term investments available for current operations with original maturities of 90 days or less at the time of purchase.

Investments are stated at fair value. Net appreciation (depreciation) in the fair value of investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments, is shown in the consolidated statement of activities. Realized gains and losses upon the sale of investments are calculated using the specific identification method and trade date.

Alternative investment holdings and certain other limited partnership interests are invested in both publicly traded and privately owned securities. The fair values of private investments are based on estimates and assumptions of the general partners or partnership valuation committees in the absence of readily determinable market values. Such valuations generally reflect discounts for illiquidity and consider variables such as financial performance of investments, recent sales prices of investments and other pertinent information.

The university applies the provision of FASB ASC 820, *Fair Value Measurements*, which defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

Notes to Consolidated Financial Statements

Note 1 (continued)

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used by the university for financial instruments measured at fair value on a recurring basis. The three levels of inputs are as follows:

- Level I - Quoted prices in active markets for identical assets or liabilities.
- Level II - Inputs other than Level I that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the same term of the assets or liabilities.
- Level III - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. Level III investments are valued by the university based upon valuation information received from the relevant entity which may include last trade information, third-party appraisals of real estate or valuations prepared by custodians for assets held in trusts by other trustees where the university is named as a beneficiary. The university may also utilize industry standard valuation techniques, including discounted cash flow models. Significant increases or decreases in these inputs in isolation may result in a significantly lower or higher fair value measurement, respectively.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The university applies the authoritative guidance contained in FASB ASC 820-10, *Fair Value Measurements and Disclosures*, for estimating the fair value of investments in investment funds that have calculated Net Asset Value (NAV) per share in accordance with FASB ASC 946-10, Financial Services-Investment Companies (formerly the American Institute of Certified Public Accountants Audit and Accounting Guide, Investment Companies). According to this guidance, in circumstances in which NAV per share of an investment is not determinative of fair value, a reporting entity is permitted to estimate the fair value of an investment in an investment fund using the NAV per share of the investment (or its equivalent) without further adjustment, if the NAV per share of the investment is determined in accordance with FASB ASC 946-10 as of the reporting entity's measurement date. Accordingly, the university uses the NAV as reported by the money managers as a practical expedient to determine the fair value of investments in investment funds which (a) do not have a readily determinable fair value and (b) either have the attributes of an investment fund or prepare their financial statements consistent with the measurement principles of an investment fund. At June 30, 2018 and 2017, the fair value of all such investments in investment funds has been determined by using NAV as a practical expedient, adjusted for capital calls, distributions and significant known valuation changes, if any, of its related portfolio.

Inventories are valued at the lower of cost (first in, first out) or market.

Property, plant and equipment, including collections of works of art and historical treasures, are stated at cost or fair value at the date of contribution, plus the estimated value of any associated legal retirement obligations, less accumulated depreciation, computed on a straight-line basis over the estimated useful or component lives of the assets (equipment and library books useful lives ranging from 4 to 10 years and buildings component lives ranging from 5 to 50 years). Equipment is removed from the records at the time of disposal. The university follows the policy of recording contributions of long-lived assets directly in without donor restrictions when the purpose or time restriction is met instead of recognizing the contribution over the useful life of the asset.

The university's split interest agreements with donors consist primarily of gift annuities, unitrusts, pooled income funds and life estates. For irrevocable agreements, assets contributed are included in the university's investments and stated at fair value. Contribution revenue is recognized at the date each trust is established after recording liabilities for the actuarially determined present value of the estimated future payments to be made to the beneficiaries. The actuarial liability is discounted at an appropriate risk-adjusted rate at the inception of each agreement and the applicable actuarial mortality tables. Discount rates on split interest agreements range from 2.7% to 7.5%. The liabilities are adjusted during the terms of the trusts for changes in the fair value of the assets, accretion of discounts and other changes in the estimates of future benefits. The valuation follows generally accepted actuarial methods and is based on the requirements of FASB ASC 958. Included in the university's investments are split interest agreements.

The 2012 Individual Annuity Mortality Basic Table (without margin) for Males and Females with Projection Scale G2 for Males and Females were used in the valuations. For split interest agreements related to the state of Washington, the university holds a Certificate of Exemption issued by the state of Washington's Office of Insurance Commissioner to issue charitable gift annuities. The university has been in compliance with Revised Code of Washington 48.38.010(6) throughout the time period covered by the financial statements.

The university has recorded conditional asset retirement obligations associated with the legally required removal and disposal of certain hazardous materials, primarily asbestos, present in its facilities. When an asset retirement obligation is identified, the university records the fair value of the obligation as a liability. The fair value of the obligation is also capitalized as property, plant and equipment and then amortized over the estimated remaining useful life of the associated asset. The fair value of the conditional asset retirement obligations is estimated using a probability weighted, discounted cash flow model. The present value of future estimated cash flows is calculated using the credit adjusted interest rate applicable to the university in order to determine the fair value of

Notes to Consolidated Financial Statements

Note 1 (continued)

the conditional asset retirement obligations. For the years ended June 30, 2018 and 2017, the university recognized accretion expense related to conditional asset retirement obligations of approximately \$6,237,000 and \$5,973,000, respectively. For the years ended June 30, 2018 and 2017, the university settled asset retirement obligations of approximately \$1,000,000 and \$800,000, respectively. As of June 30, 2018 and 2017, included in the consolidated balance sheets are asset retirement obligations of \$126,865,000 and \$121,085,000, respectively.

Student tuition and fees are recorded as revenues during the year the related academic services are rendered. Student tuition and fees received in advance of services to be rendered are recorded as deferred revenue.

Sponsored research agreements recognize contracts and grants revenue as it is earned through expenditure in accordance with the agreement. Any funding received in advance of expenditure is recorded as a refundable advance. Departmental net assets include contributions to the university and its various schools and departments. The university has determined that any donor-imposed restrictions of contributions for current or developing programs and activities are generally met within the operating cycle of the university and therefore, the university's policy is to record these net assets as without donor restrictions. Internally designated net assets are those which have been appropriated by the Board of Trustees or designated by management.

The university receives federal reimbursement for a portion of the costs of its facilities and equipment used in organized sponsored research. The federal Office of Management and Budget establishes principles for determining such reimbursable costs and requires conformity of the lives and methods used for federal cost reimbursement accounting and financial reporting purposes. The university's policies and procedures are in conformity with these principles.

Contributions from donors, including contributions receivable (unconditional promises to give), are recorded as revenues in the year received. Non cash contributions are valued using quoted market prices, market prices for similar assets, independent appraisals or appraisals performed by university management. Contributions receivable are reported at their discounted value using credit-adjusted borrowing rates and an allowance for amounts estimated to be uncollectible is provided. Donor-restricted contributions, which are received and either spent or deemed spent within the same year, are reported as revenue without donor restrictions.

Contributions of long-lived assets with no donor-imposed time restrictions are reported as without donor restrictions revenue in the year received. Contributions restricted to the acquisition or construction of long-lived assets or subject to other time or purpose restrictions are reported as with donor restrictions revenue. The donor-restricted net assets resulting from these contributions are released to without donor-restricted net assets when the donor-imposed restrictions are fulfilled or the assets are placed in service. Contributions received for endowment investment are held in perpetuity and recorded as with donor restrictions revenue.

Health care services revenues include the net patient service revenues associated with Keck Hospital of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital and USC Care Medical Group, Inc. Net patient service revenue is reported as estimated net realizable amounts from patients, third-party payors, government programs and others in the period in which services are provided. The majority of the health care services are rendered to patients with commercial or managed care insurance or under the federal Medicare and California Medi-Cal programs. Reimbursement from these various payors is based on a combination of prospectively determined rates, discounts from charges and historical costs. Amounts received under the Medicare program are subject to retroactive settlements based on review and final determination by program intermediaries or their agents. Provisions for contractual adjustments and retroactive settlements related to those payors are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as additional information becomes known or final settlements are determined. Health care services revenues also include the revenues associated with the professional services agreement with the County of Los Angeles.

Allowance for doubtful accounts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions. Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience. The results of this review are then used to make any modifications to the allowance for doubtful accounts.

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates. Certain reclassifications have been made to prior years' financial statements for comparative purposes.

Notes to Consolidated Financial Statements

Note 1 (continued)

Recent Accounting Pronouncements:

In May 2014, the FASB issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers*. ASU 2014-09 outlines a single comprehensive standard for revenue recognition across all industries and supersedes most existing revenue recognition guidance. In addition, ASU 2014-09 requires new and enhanced disclosures. ASU 2014-09 will become effective for annual reporting periods beginning after December 15, 2017. The university is currently evaluating the effect of adoption to the financial statements.

In February 2016, the FASB issued ASU 2016-02, *Leases*. ASU 2016-02 requires recognition of rights and obligations arising from lease contracts, including existing and new arrangements, as assets and liabilities on the balance sheet. ASU 2016-02 is effective for annual reporting periods beginning after December 15, 2018. The university is currently evaluating the effect of adoption to the financial statements.

In August 2016, the FASB issued ASU 2016-15, *Classification of Certain Cash Receipts and Cash Payments*. The standard addresses the classification of certain transactions within the statement of cash flows, including cash payments for debt repayment or debt extinguishment costs, contingent considerations payments made after a business combination, and distribution received from equity method investments. The ASU is effective for fiscal years beginning after December 15, 2018. Early adoption is permitted. The university is currently evaluating the effect of adoption to the financial statements.

In January 2017, the FASB issued ASU 2017-02, *Clarifying When a Not-for-Profit Entity that is a General Partner or a Limited Partner Should Consolidate a For Profit Limited Partnership or Similar Entity*, which amends the consolidation guidance for NFP entities in ASC 958-810. The issued final guidance clarifies the model used by NFP entities to evaluate the consolidation of investments in limited partnerships (and limited liability companies that are similar to limited partnerships). Under the new guidance, NFP investors in a limited partnership or a similar entity will continue to apply a presumption that the general partner has control and should consolidate the investments unless substantive kick-out or participation rights held by any limited partners overcome that presumption. If the general partner does not have control, the limited partners have to evaluate whether they have control. If a limited partner has control, the consolidation is required unless the investment is part of a portfolio for which the NFP “portfolio-wide” fair value option has been elected. In that situation, the limited partner can instead report its interest at fair value, mirroring an exception that already exists for NFP general partners.

The new standard also affirms the FASB’s intent to retain that NFP “portfolio-wide” fair value option under its new investment recognition and measurement rules that will take effect in fiscal years beginning after December 15, 2018. NFPs that early-adopt the consolidation guidance should apply the new guidance retrospective to earlier periods affected by that adoption. The university is evaluating the impact that the standard will have on the consolidated financial statements and related disclosures.

In March 2017, the FASB issued ASU 2017-17, *Improving the Presentation of Net Periodic Pension Cost and Net Periodic Postretirement Benefit Cost*, which requires that an employer report the service cost component of pension costs in the same line item as employee compensation costs within operating income. The other components of net benefit cost are required to be presented in the income statement separately from the service cost component and outside a subtotal of income from operations, and will not be eligible for capitalization. The ASU is effective for fiscal years beginning after December 15, 2018. Early adoption is permitted. The university is currently evaluating the effect of adoption to the financial statements.

In June 2018, the FASB issued ASU 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. The standard is intended to clarify and improve the scope and the accounting guidance for contributions received and made. The ASU is effective for fiscal years beginning after June 15, 2018, including interim periods within that annual period. Early adoption is permitted. The university is currently evaluating the effect of adoption to the financial statements.

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820) Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurement*, which requires nonpublic entities to report transfers in and out of Level 3 of the fair value hierarchy, as well as purchases and issue of Level 3 assets and liabilities, instead of the requirement to provide a reconciliation of opening and closing balances. Under the new guidance, for investments in certain entities that calculate net asset value, the requirement to disclose the estimate of period of time over which the underlying assets might be liquidated is replaced by the disclosure of that time period if the investee has announced the timing publicly. The ASU is effective for fiscal years beginning after December 15, 2019. Early adoption is permitted. The university is currently evaluating the effect of adoption to the financial statements.

Notes to Consolidated Financial Statements

Note 2

Liquidity and Availability:

USC's financial assets available within one year of the balance sheet date for general expenditure are as follows (in thousands):

	Year Ended June 30, 2018	Year Ended June 30, 2017
Total assets at year end	\$12,603,032	\$11,961,209
Less:		
Notes receivable due in more than one year	(11,562)	(14,501)
Pledges receivable due in more than one year	(454,270)	(509,162)
Donor-restricted endowment funds	(4,060,117)	(3,725,821)
Board-designated endowment funds	(1,484,150)	(1,404,699)
Annuities and living trusts	(168,332)	(149,323)
Inventories, prepaid expenses and other assets	(100,622)	(218,417)
Property, plant and equipment	(4,174,090)	(4,009,596)
Financial assets available at year end for current use	\$2,149,889	\$1,929,690

The university's endowment funds consist of donor-restricted and board-designated endowment funds. Income from donor-restricted endowments is restricted for specific purposes and therefore, is not available for general expenditure. As described in Note 7, for fiscal year 2018 and 2017, the Board of Trustees approved current distribution of 100% of the prior year's payout, within a minimum of 4% and a maximum of 6% of the average market value for the previous 12 calendar quarters. Under the provision of the spending rule, for fiscal year 2018 and 2017, the Board of Trustees approved an endowment pool payout of \$28.87 a share, for a total spending rule allocation of \$233,765,000 and \$224,725,000. As described in Note 6, the university also has unfunded commitments on alternative investments totaling \$656,181,000 and \$522,228,000 for fiscal year 2018 and 2017.

As part of the university's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. In addition, the university invests cash in excess of daily requirements in short-term investments. To help manage unanticipated liquidity needs, the university has committed lines of credit in the amount of \$500,000,000, which it could draw upon. Additionally, the university has a board-designated endowment of \$1,484,150,000 as of June 30, 2018. Although the university does not intend to spend from its board-designated endowment funds other than amounts appropriated for general expenditures as part of its annual budget approval and appropriation process, amounts from its board-designated endowment could be made available if necessary. However, both the board-designated endowment fund and donor-restricted endowments contain investments with lock-up provisions that reduce the total investments that could be made available (see Note 6 for disclosures about investments).

Note 3

Accounts Receivable:

Accounts receivable are summarized as follows at June 30 (in thousands):

	2018	2017
U.S. Government	\$37,938	\$39,909
Student and other, net of allowance for doubtful accounts of \$12,505 (2018), \$12,000 (2017)	187,992	152,193
Patient care, net allowance for doubtful accounts of \$13,999 (2018), \$10,125 (2017)	235,121	214,528
Total	\$461,051	\$406,630

Notes to Consolidated Financial Statements

Note 4

Loans and Notes Receivable:

The university is required to disclose the nature of credit risk inherent in the portfolio of financing receivables, its analysis and assessment in arriving at the allowance for credit losses (doubtful accounts) and the changes and reasons for those changes in the allowance for credit losses.

Long-term financing receivables as of June 30, 2018, consist of the following (in thousands):

	June 30, 2018		
	Financing Receivables, Gross	Allowance for Doubtful Accounts	Net
Perkins loans	\$45,734		\$45,734
University student loans	11,547	(\$2,968)	8,579
Other student loans	14,272		14,272
Total student loans	71,553	(2,968)	68,585
Faculty and other loans	33,532		33,532
Total	\$105,085	(\$2,968)	\$102,117

Long-term financing receivables as of June 30, 2017, consist of the following (in thousands):

	June 30, 2017		
	Financing Receivables, Gross	Allowance for Doubtful Accounts	Net
Perkins loans	\$47,350		\$47,350
University student loans	15,761	(\$4,432)	11,329
Other student loans	14,271		14,271
Total student loans	77,382	(4,432)	72,950
Faculty and other loans	33,182		33,182
Total	\$110,564	(\$4,432)	\$106,132

Management regularly assesses the adequacy of the allowance for credit losses by performing ongoing evaluations of the student loan portfolio, including such factors as the differing economic risks associated with each loan category, the financial condition of specific borrowers, the economic environment in which the borrowers operate, the level of delinquent loans, the value of any collateral and where applicable, the existence of any guarantees or indemnifications. The university's Perkins loans represent the amounts due from current and former students under the Federal Perkins Loan Program. Loans disbursed under the Federal Perkins Loan Program are able to be assigned to the federal government in certain non-repayment situations. In these situations, the federal portion of the loan balance is guaranteed. Included in other student loans are loans related to the Federal Health Professional Student Loan Program and Loans for Disadvantaged Students.

Factors also considered by management when performing its assessment of the adequacy of the allowance, in addition to general economic conditions and the other factors described above include, but are not limited to a detailed review of the aging of the student loan receivable detail and a review of the default rate by loan category in comparison to prior years. The level of the allowance is adjusted based on the results of management's analysis. It is the university's policy to write off a loan only when it is deemed to be uncollectible.

Notes to Consolidated Financial Statements

Note 4 (continued)

The following table illustrates the aging analysis of receivables as of June 30, 2018 (in thousands):

	1-60 Days Past Due	61-90 Days Past Due	> 91 Days Past Due	Current	Total Financing Receivables
Perkins loans	\$1,164	\$210	\$6,865	\$37,495	\$45,734
University student loans	277	14	5,940	5,316	11,547
Other student loans	417	8	308	13,539	14,272
Total student loans	1,858	232	13,113	56,350	71,553
Faculty and other loans				33,532	33,532
Total	\$1,858	\$232	\$13,113	\$89,882	\$105,085

The following table illustrates the aging analysis of receivables as of June 30, 2017 (in thousands):

	1-60 Days Past Due	61-90 Days Past Due	> 91 Days Past Due	Current	Total Financing Receivables
Perkins loans	\$1,174	\$333	\$6,719	\$39,124	\$47,350
University student loans	297	39	8,633	6,792	15,761
Other student loans	878	5	338	13,050	14,271
Total student loans	2,349	377	15,690	58,966	77,382
Faculty and other loans				33,182	33,182
Total	\$2,349	\$377	\$15,690	\$92,148	\$110,564

Considering the other factors already discussed herein, management considers the allowance for credit losses to be prudent and reasonable. Furthermore, the university's allowance is general in nature and is available to absorb losses from any loan category. Management believes that the allowance for credit losses at June 30, 2018 and 2017, is adequate to absorb credit losses inherent in the portfolio as of these dates.

As part of the program to attract and retain exemplary faculty and senior staff, the university provides home mortgage financing assistance. Notes receivable amounting to \$33,532,000 and \$33,182,000 were outstanding as of June 30, 2018 and 2017, respectively, and are collateralized by deeds of trust. No allowance for doubtful accounts has been recorded against these loans based on their collateralization and prior collection history. At June 30, 2018, there were no amounts past due under the faculty and staff loan program.

Determination of the fair value of notes receivable, which are primarily federally sponsored student loans with U.S. government-mandated interest rates and repayment terms, and subject to significant restrictions as to their transfer or disposition, could not be made without incurring excessive costs.

Notes to Consolidated Financial Statements

Note 5

Pledges Receivable:

Unconditional promises are included in the consolidated financial statements as pledges receivable and revenue of the appropriate net asset category. Pledges are recorded after discounting using rates ranging from 1% to 6% in order to derive the present value of the future cash flows.

Unconditional promises are expected to be realized in the following periods (in thousands):

	2018	2017
Less than one year	\$115,916	\$119,471
One to five years	362,714	372,118
More than five years	242,007	279,057
Less: discount	(94,478)	(117,951)
Less: allowance	(55,973)	(24,062)
Total	\$570,186	\$628,633

Pledges receivable at June 30 have the following restrictions (in thousands):

	2018	2017
Endowment for departmental programs and activities	\$254,888	\$316,789
Endowment for scholarship	28,492	27,487
Building construction	144,507	125,398
Departmental programs and activities	142,299	158,959
Total	\$570,186	\$628,633

Conditional pledges for the university, which depend on the occurrence of specified future and uncertain events, at June 30, 2018 and 2017, was \$345,517,000 and \$392,958,000, respectively. The majority of these conditional pledges are related to construction of the Ellison Institute for Transformative Medicine, as well as the renovation of the Los Angeles Memorial Coliseum.

Note 6

Investments:

Investments consist of the following at June 30 (in thousands):

	2018	2017
Equities	\$2,291,991	\$2,129,926
Fixed income securities	1,114,134	1,014,546
Alternative investments:		
Hedge funds	1,107,682	1,056,032
Private capital	1,360,698	1,226,246
Real estate and other	207,078	198,056
Assets held by other trustees	149,728	146,120
Total	\$6,231,311	\$5,770,926

Notes to Consolidated Financial Statements

Note 6 (continued)

The following table summarized the levels of financial instruments carried at fair value as defined by ASC 820 valuation hierarchy defined previously, for the year ended June 30, 2018 (in thousands):

	Level I	Level II	Level III	NAV	Total
Investments:					
Equities	\$2,081,176	\$738	\$94,416	\$115,661	\$2,291,991
Fixed income securities	324,488	757,909	31,737		1,114,134
Hedge funds				1,107,682	1,107,682
Private capital				1,360,698	1,360,698
Real estate and other			36,245	170,833	207,078
Assets held by other trustees			149,728		149,728
Total	\$2,405,664	\$758,647	\$312,126	\$2,754,874	\$6,231,311

The following table summarized the levels of financial instruments carried at fair value as defined by ASC 820 valuation hierarchy defined previously, for the year ended June 30, 2017 (in thousands):

	Level I	Level II	Level III	NAV	Total
Investments:					
Equities	\$1,935,088	\$699	\$83,402	\$110,737	\$2,129,926
Fixed income securities	315,350	669,907	29,289		1,014,546
Hedge funds				1,056,032	1,056,032
Private capital				1,226,246	1,226,246
Real estate and other			43,600	154,456	198,056
Assets held by other trustees			146,120		146,120
Total	\$2,250,438	\$670,606	\$302,411	\$2,547,471	\$5,770,926

The following table summarized the university's Level III reconciliation of investments for the year ended June 30, 2018 (in thousands):

	Beginning Balance	Purchases	Sales and Maturities	Realized Gain	Unrealized Gain/(Loss)	Transfers In	Transfers Out	Ending Balance
Investments:								
Equities	\$83,402				\$11,014			\$94,416
Fixed income securities	29,289	\$41,104	(\$38,324)	\$276	(608)			31,737
Real estate and other	43,600	34	(6,674)	(820)	200		(\$95)	36,245
Assets held by other trustees	146,120				3,608			149,728
Total	\$302,411	\$41,138	(\$44,998)	(\$544)	\$14,214	\$0	(\$95)	\$312,126

The following table summarized the university's Level III reconciliation of investments for the year ended June 30, 2017 (in thousands):

	Beginning Balance	Purchases	Sales and Maturities	Realized Gain	Unrealized Gain/(Loss)	Transfers In	Transfers Out	Ending Balance
Investments:								
Equities	\$73,602		(\$7)		\$9,807			\$83,402
Fixed income securities	9,471	\$49,242	(30,306)	\$481	99	\$302		29,289
Real estate and other	37,545	8,883	(2,891)	(309)	(184)	660	(\$104)	43,600
Assets held by other trustees	149,718	272	(4,895)	(578)	2,263		(660)	146,120
Total	\$270,336	\$58,397	(\$38,099)	(\$406)	\$11,985	\$962	(\$764)	\$302,411

Notes to Consolidated Financial Statements

Note 6 (continued)

The university uses the NAV to determine the fair value of all the underlying investments which (a) do not have a readily determinable fair value and (b) prepare their financial statements consistent with the measurement principles of an investment company or have the attributes of an investment company.

The following table lists investments by major category for the years ending June 30, 2018 (in thousands):

At June 30, 2018

Category of Investment	Investment Strategy	Fair Value Determined Using NAV	Unfunded Commitments	Remaining Life	Redemption Terms	Redemption Restrictions and Terms
Distressed Obligation Partnerships	U.S. and Non-U.S. Distressed Debt Securities	\$15,736	\$17,042	Approximately 2 Years	Redemptions are not permitted during the life of the fund.	Not Applicable
Hedge Funds	U.S. and Non-U.S. Investments in Relative Value, Event Driven, Long/Short and Directional Strategies	1,107,683	58,868	99.9% of NAV has an open-ended life and 0.1% of NAV will be liquidated on an undetermined basis.	Ranges between bimonthly redemption with 75 days notice, monthly redemption with 90 days notice, quarterly redemption with up to 120 days notice, semiannual redemption with 60 to 90 days notice, annual redemption with up to 120 days notice, biannual redemption with 90 days notice and 5-year lockup with 90 days notice.	1% of NAV is locked-up for 1 month, 17% of NAV is locked-up for 3 months, 52% of NAV is locked-up for 1 year and 30% of NAV is locked-up for more than 1 year.
Natural Resources Partnerships	U.S. and Non-U.S. Investments in Upstream, Midstream and Downstream Natural Resources Investments	501,549	191,668	Approximately 4 Years	Redemptions are not permitted during the life of the fund.	Not Applicable
Private Capital Partnerships	U.S. and Non-U.S. Private Equity and Venture Capital Investments	843,413	216,373	Approximately 3 Years	Redemptions are not permitted during the life of the fund.	Not Applicable
Private Real Estate Partnerships	U.S. and Non-U.S. Real Estate	170,718	172,230	Approximately 4 Years	Redemptions are not permitted during the life of the fund.	Not Applicable
Equity Funds	U.S. and Non-U.S. Equity Securities	115,661	Not Applicable	Open Ended	Minimum monthly	None
Other Funds	U.S. and Non-U.S. Investments in Securities Other than Equity and Fixed Income	114	Not Applicable	Open Ended	Monthly	None
Total		<u>\$2,754,874</u>	<u>\$656,181</u>			

Notes to Consolidated Financial Statements

Note 6 (continued)

The following table lists investments by major category for the year ended June 30, 2017 (in thousands):

At June 30, 2017

Category of Investment	Investment Strategy	Fair Value Determined Using NAV	Unfunded Commitments	Remaining Life	Redemption Terms	Redemption Restrictions and Terms
Distressed Obligation Partnerships	U.S. and Non-U.S. Distressed Debt Securities	\$25,405	\$21,601	Approximately 2 Years	Redemptions are not permitted during the life of the fund.	Not Applicable
Hedge Funds	U.S. and Non-U.S. Investments in Relative Value, Event Driven, Long/Short and Directional Strategies	1,056,032	26,700	99.8% of NAV has an open-ended life and 0.2% of NAV will be liquidated on an undetermined basis.	Ranges between bimonthly redemption with 75 days notice, monthly redemption with 90 days notice, quarterly redemption with up to 120 days notice, semiannual redemption with 60 to 90 days notice, annual redemption with up to 120 days notice, biannual redemption with 90 days notice and 5-year lockup with 90 days notice.	17% of NAV is locked-up for 3 months, 46% of NAV is locked-up for 1 year and 37% of NAV is locked-up for more than 1 year.
Natural Resources Partnerships	U.S. and Non-U.S. Investments in Upstream, Midstream and Downstream Natural Resources Investments	447,091	228,951	Approximately 4 Years	Redemptions are not permitted during the life of the fund.	Not Applicable
Private Capital Partnerships	U.S. and Non-U.S. Private Equity and Venture Capital Investments	753,750	159,195	Approximately 3 Years	Redemptions are not permitted during the life of the fund.	Not Applicable
Private Real Estate Partnerships	U.S. and Non-U.S. Real Estate	154,342	85,781	Approximately 3 Years	Redemptions are not permitted during the life of the fund.	Not Applicable
Equity Funds	U.S. and Non-U.S. Equity Securities	110,737	Not Applicable	Open Ended	Minimum monthly	None
Other Funds	U.S. and Non-U.S. Investments in Securities Other than Equity and Fixed Income	114	Not Applicable	Open Ended	Monthly	None
Total		<u>\$2,547,471</u>	<u>\$522,228</u>			

Notes to Consolidated Financial Statements

Note 7

Endowment:

Endowment net assets are subject to the restrictions of gift instruments requiring that the principal be invested in perpetuity and only the income and realized gains be utilized for current and future needs. Long-term investment net assets (board-designated endowment funds) have been established from restricted contributions whose restrictions have been met and unrestricted contributions which have been designated by the Board of Trustees or management for the same purpose as endowment. The university also has a beneficial interest in the net income earned from assets which are held and managed by other trustees.

Donor-restricted and board-designated endowment funds are summarized as follows for the year ended June 30, 2018 (in thousands):

	Board-Designated Endowment Funds	Donor-Restricted Endowment	Total
Pooled	\$1,409,305	\$3,933,331	\$5,342,636
Non-pooled	74,845	126,786	201,631
Total	\$1,484,150	\$4,060,117	\$5,544,267

Donor-restricted and board-designated endowment funds are summarized as follows for the year ended June 30, 2017 (in thousands):

	Board-Designated Endowment Funds	Donor-Restricted Endowment	Total
Pooled	\$1,335,689	\$3,603,416	\$4,939,105
Non-pooled	69,010	122,405	191,415
Total	\$1,404,699	\$3,725,821	\$5,130,520

Pooled investments represent donor-restricted and board-designated endowment funds which have been commingled in a unitized pool (unit value basis) for purposes of investment. At June 30, 2018 and 2017, the pool is comprised of cash and cash equivalents (0.63%) and (0.43%), equities (54.29%) and (53.89%), fixed income securities (12.06%) and (12.03%), alternative investments (29.94%) and (30.64%) and real estate and other investments (3.08%) and (3.01%), respectively. Access to or liquidation from the pool is on the basis of the market value per unit on the preceding monthly valuation date. The unit value at June 30, 2018 and 2017, was \$676.51 and \$647.73, respectively.

The Board of Trustees has interpreted the Uniform Prudent Management of Institutional Funds Act ("UPMIFA") as requiring the preservation of the original contribution as of the contribution date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the university classifies as donor-restricted funds (a) the original value of contributions donated to the endowment, (b) the original value of subsequent contributions to the endowment and (c) accumulations to the endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. In accordance with UPMIFA, the university considers various factors in making a determination to appropriate or accumulate endowment funds including: duration and preservation of the fund, economic conditions, effects of inflation or deflation, expected return on the funds and other economic resources of the university.

Endowment net asset composition by type of funds as of June 30, 2018 (in thousands):

	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds		\$4,060,117	\$4,060,117
Board-designated endowment funds	\$1,484,150		1,484,150
Total	\$1,484,150	\$4,060,117	\$5,544,267

Endowment net asset composition by type of funds as of June 30, 2017 (in thousands):

	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds		\$3,725,821	\$3,725,821
Board-designated endowment funds	\$1,404,699		1,404,699
Total	\$1,404,699	\$3,725,821	\$5,130,520

Notes to Consolidated Financial Statements

Note 7 (continued)

Changes in endowment net assets for the year ended June 30, 2018 (in thousands):

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets at July 1, 2017	\$1,404,699	\$3,725,821	\$5,130,520
Total investment return	156,808	314,605	471,413
Contributions and transfers	20,105	159,125	179,230
Appropriation of endowment assets for expenditure	(97,462)	(139,434)	(236,896)
Endowment net assets at June 30, 2018	\$1,484,150	\$4,060,117	\$5,544,267

Changes in endowment net assets for the year ended June 30, 2017 (in thousands):

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets at July 1, 2016	\$1,307,422	\$3,301,292	\$4,608,714
Total investment return	185,961	388,500	574,461
Contributions and transfers	2,986	172,279	175,265
Appropriation of endowment assets for expenditure	(91,670)	(136,250)	(227,920)
Endowment net assets at June 30, 2017	\$1,404,699	\$3,725,821	\$5,130,520

Endowments classified with donor restrictions are to be utilized for the following purposes:

The portion of perpetual endowment funds that is required to be retained permanently either by explicit donor stipulation or by UPMIFA (in thousands):

	2018	2017
Restricted for scholarship support	\$945,638	\$872,922
Restricted for faculty support	955,824	896,990
Restricted for program support	2,158,655	1,955,909
Total endowment assets with donor restrictions	\$4,060,117	\$3,725,821

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the value of the initial and subsequent donor contribution amounts (deficit). When donor-restricted endowment fund deficits exist, they are classified as a reduction of donor-restricted net assets. Deficits of this nature exist in various donor-restricted endowment funds, which together have an original value of \$26,978,000 and a current value of \$26,743,000 with a deficiency of \$235,000 and an original value of \$53,815,000 and a current fair value of \$52,066,000 and a deficiency of \$1,749,000 as of June 30, 2018 and 2017, respectively. These deficits resulted from unfavorable market fluctuations that occurred shortly after the investment of newly established endowments and authorized appropriation that was deemed prudent.

The university has adopted endowment investment and spending policies that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing

power of endowment assets. Under these policies, the return objective for the endowment assets, measured over a full market cycle, shall be to maximize the return against a blended index, based on the endowment's target allocation applied to the appropriate individual benchmarks. The university expects its endowment funds over time to provide an average rate of return of approximately 8% annually. Actual returns in any given year may vary from this amount.

To achieve its long-term rate of return objectives, the university relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized gains) and current yield (interest and dividends). The university targets a diversified asset allocation that places greater emphasis on equity-based investments to achieve its long-term objectives within prudent risk constraints.

The university utilizes a spending rule for its pooled endowment. The spending rule determines the endowment income and realized gains to be distributed currently for spending with the provision that any amounts remaining after the distribution be transferred and reinvested in the endowment pool as board-designated as endowment.

For the 2018 fiscal year, the Board of Trustees approved current distribution of 100% of the prior year's payout, within a minimum of 4% and a maximum of 6% of the average market value for the previous 12 calendar quarters. Under the provisions of the spending rule, \$28.87 was distributed to each time-weighted unit for a total spending rule allocation of \$233,765,000. Investment income amounting to \$4.51 per time-weighted unit was earned, totaling \$36,517,000, and \$197,249,000 was appropriated for current operations from cumulative gains of pooled investments. Endowment pool earnings allocated for spending in fiscal year 2018 represent 4.38% of the market value of the endowment pool at June 30, 2018.

Notes to Consolidated Financial Statements

Note 7 (continued)

For the 2017 fiscal year, the Board of Trustees approved current distribution of 104% of the prior year's payout, within a minimum of 4% and a maximum of 6% of the average market value for the previous 12 calendar quarters. Under the provisions of the spending rule, \$28.87 was distributed to each time-weighted unit for a total spending rule allocation of \$224,725,000. Investment income amounting to \$3.91 per time-weighted unit was earned, totaling \$30,450,000 and \$194,275,000 was appropriated for current operations from cumulative gains of pooled investments. Endowment pool earnings allocated for spending in fiscal year 2017 represent 4.55% of the market value of the endowment pool at June 30, 2017.

Note 8

Property, Plant and Equipment:

Property, plant and equipment consisted of the following at June 30 (in thousands):

	2018	2017
Land and improvements	\$196,738	\$196,890
Buildings and improvements	5,170,770	4,659,505
Buildings under capital leases	65,822	65,822
Equipment	679,578	655,391
Library books and collections	399,399	378,402
Construction-in-progress	250,575	415,925
	6,762,882	6,371,935
Less: Accumulated depreciation	2,588,792	2,362,339
Total	\$4,174,090	\$4,009,596

Note 9

Student Financial Aid:

Financial aid is awarded to students based on need and merit. Financial aid does not include payments made to students for services rendered to the university.

Financial aid for the year ended June 30, 2018, consists of the following (in thousands):

	Undergraduate	Graduate	Total
Institutional scholarships	\$302,203	\$166,884	\$469,087
Endowed scholarships	28,938	15,980	44,918
External financial aid	27,132	14,984	42,116
Total	\$358,273	\$197,848	\$556,121

Financial aid for the year ended June 30, 2017, consists of the following (in thousands):

	Undergraduate	Graduate	Total
Institutional scholarships	\$278,894	\$154,894	\$433,788
Endowed scholarships	24,177	13,428	37,605
External financial aid	25,176	13,981	39,157
Total	\$328,247	\$182,303	\$510,550

Note 10

Leases:

The university is the lessee of various equipment and space under non-cancelable operating and capital leases. Operating lease rental expense for the years ended June 30, 2018 and 2017, was approximately \$37,539,000 and \$34,154,000, respectively. Space leases contain customary escalation clauses, which are included in annual aggregate minimum rentals.

Future aggregate minimum rental payments as of June 30, 2018, under operating and capital leases are as follows (in thousands):

Future minimum rental payments:	Operating	Capital
2019	\$42,735	\$1,600
2020	45,366	1,642
2021	43,031	1,685
2022	41,378	1,730
2023	33,840	1,775
Thereafter	201,371	666,293
	407,721	674,725
Less: Interest on capital leases		(600,503)
Total	\$407,721	\$74,222

The university entered into a lease agreement with the Los Angeles Memorial Coliseum Commission (LAMCC) to assume the operations of the Los Angeles Memorial Coliseum and Los Angeles Memorial Sports Arena.

The lease agreement with the LAMCC expires in 2033, or in 2054, if all options are exercised, at which time a second lease agreement with the California Science Center (CSC), an institution of the state of California, commences. The lease with the CSC expires in 2111, assuming all options are exercised. Under the terms of both lease agreements, the university is required to make certain capital improvements. The present value of the future minimum lease payments as of June 30, 2018 and 2017, is \$74,222,000 and \$72,606,000, respectively.

Notes to Consolidated Financial Statements

Note 11

Bonds and notes payable (in thousands):

	Interest %	Maturity	2018	2017
<i>California Educational Facilities Authority Revenue Bonds and Notes:</i>				
Series 2009C	5.25	2025	\$82,305	\$82,305
Premium			3,661	4,271
Series 2012A	5.00	2024	41,595	41,595
Premium			5,401	6,415
Series 2015A	5.00	2026	42,960	42,960
Premium			7,232	8,216
<i>University of Southern California Bonds:</i>				
Series 1998 Taxable	6.26	2019	4,585	4,585
Discount			(5)	(7)
Series 2011 Taxable	5.25	2112	300,000	300,000
Discount			(2,505)	(2,532)
Series 2016 Taxable	3.028	2040	722,580	722,580
Discount			(3,395)	(3,554)
Series 2017 Taxable	3.841	2048	402,320	402,320
Discount			(1,740)	(1,799)
<i>California Infrastructure Revenue Bonds USC (USC – Soto Street Health Sciences):</i>				
Series 2010 (Soto)	3.25-5.00	2018-2032	28,220	29,620
Premium			1,674	1,804
Notes Payable	5.00	2018-2020	17,500	17,500
			1,652,388	1,656,279
Less: current portion of long-term debt			6,055	1,400
Total			\$1,646,333	\$1,654,879

Principal payment requirements relating to bonds and notes payable, after giving effect to refunding, for the next five fiscal years are approximately: 2019 \$6,055,000; 2020 \$19,040,000; 2021 \$1,620,000; 2022 \$1,700,000; 2023 \$1,755,000, thereafter \$1,611,895,000.

Interest payments for fiscal year 2018 and 2017 were \$63,405,000 and \$56,759,000, respectively.

The university has a revolving line of credit with a bank with a maturity date of November 30, 2020. The credit agreement was amended on April 12, 2017, to increase the revolving line of credit to \$500,000,000, with all other terms and conditions, including the applicable rate and maturity, remaining substantially the same. The line of credit accrues interest based on LIBOR and contains a fee on the unused portion of the line of credit. During fiscal years ending June 30, 2018 and 2017, the university did not draw down on the line of credit. The line of credit contains certain restrictive covenants which include a minimum credit rating of "A" and "A2" from Standard and Poor's and Moody's, respectively, as well as a minimum total net assets of \$5,500,000,000. USC was in compliance with these covenants during fiscal years ending June 30, 2018 and 2017.

Notes to Consolidated Financial Statements

Note 12

Retirement Benefits:

Retirement benefits for eligible university employees are provided through the Teachers Insurance and Annuity Association, The Vanguard Group, AIG Sun America, Fidelity Investments and Prudential Financial. Under these defined contribution plans, the university and plan participants make contributions to purchase individual, fixed or variable annuities equivalent to retirement benefits earned or to participate in a variety of mutual funds. Under the USC Retirement Savings Program, the university makes a 5% non-elective contribution to all eligible employees and also matches dollar for dollar the first 5% of the employees' contributions. Newly hired employees on or after January 1, 2012, will have the university non-elective contribution subject to a four year vesting schedule. Benefits commence upon termination or retirement and pre-retirement survivor death benefits are also provided. Charges to operating activities expenses for the university's share of costs were approximately \$169,505,000 and \$155,398,000 during the years ended June 30, 2018 and 2017, respectively.

Retirement benefits for employees of USC Verdugo Hills Hospital and University Physician Associates are provided by a defined contribution 401(k) plan through Fidelity Investments. Until August 2011, the Keck and Norris hospital employees covered under a collective bargaining agreement with California Nurses Association were also covered under this 401(k) plan. Until January 2017, the National Union of Healthcare Workers ("NUHW") employees at Keck and Norris hospitals were also covered under this 401(k) plan. Under the 401(k) defined contribution plan, participants make contributions to purchase a variety of mutual funds.

Effective January 2018, the university contribution to the 401(k) plan is made on a paycheck-by-paycheck basis. Prior to this, the university made its contribution in a lump sum following the end of the calendar year and matched 100% of the participants' contributions up to 4% of eligible earnings, providing the participant was employed on the last day of the calendar year. In addition, the university made a 1% retiree medical benefit contribution to all NUHW participants who were both employed on the last day of the calendar year and worked 1,500 hours in that calendar year. The university contribution is subject to a five year vesting schedule, although previously credited years prior to the Tenet and Verdugo acquisitions have been carried over. Benefits commence at age 59 1/2, termination of employment or retirement. Pre-retirement survivor death benefits are also provided. Charges to operating activities expenses for the university's share of costs were approximately \$33,000 and \$1,701,000 during the years ended June 30, 2018 and 2017, respectively.

Retirement benefits for non exempt university employees are provided through a noncontributory defined benefit pension plan, the USC Support Staff Retirement Plan ("Plan"). The following table sets forth the Plan's funded status at June 30 (in thousands):

Changes in Projected Benefit Obligation	2018	2017
Benefit obligation at end of prior year	\$251,857	\$272,262
Interest cost	9,862	10,155
Actuarial gain	(12,939)	(13,584)
Benefits paid	(19,243)	(16,976)
	\$229,537	\$251,857

Change in Plan Assets

Fair value of plan assets at end of prior year	\$190,974	\$173,003
Actual return on plan assets	16,110	24,947
Employer contribution	21,000	10,000
Benefits paid	(19,243)	(16,976)
	\$208,841	\$190,974

Reconciliation of Funded Status

Accumulated benefit obligation at end of year	\$229,537	\$251,857
Projected benefit obligation at end of year	(229,537)	(251,857)
Fair value of plan assets at end of year	208,840	190,974
Funded status	(\$20,697)	(\$60,883)

Components of Net Periodic Benefit Cost

Interest cost	\$9,862	\$10,155
Expected return on plan assets	(11,513)	(11,762)
Amortization of net loss	5,898	8,965
Total benefit cost	\$4,247	\$7,358

Amounts recognized in the Statement of Financial Position

Accrued liabilities	(\$20,697)	(\$60,883)
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Amounts not yet recognized as components of Net Periodic Benefit Cost

Net loss	\$61,384	\$84,818
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Changes in the net reduction to Without Donor Restrictions

Net gain	(\$17,535)	(\$26,769)
Amortization of net loss	(5,898)	(8,965)
Total benefit cost	(\$23,433)	(\$35,734)

Notes to Consolidated Financial Statements

Note 12 (continued)

The estimated net loss/(gain) and prior service cost for the Plan that will be recognized as components of net periodic benefit cost over the next fiscal year are \$3,922,000 and \$0, respectively.

The Plan was amended to freeze benefit accruals for all remaining active union participants, effective December 23, 2009, and to provide full vesting for those participants. No special accounting for curtailments, settlements or termination benefits was required during the years ended June 30, 2018 and 2017.

Weighted-average assumptions used to determine net periodic benefit cost for year ended June 30:

	2018	2017
Discount rate	4.00%	3.80%
Expected return on plan assets	6.20%	7.00%
Rate of compensation increase	N/A	N/A

Weighted-average assumption used to determine net year-end benefit obligations at June 30:

	2018	2017
Discount rate	4.40%	4.00%
Rate of compensation increase	N/A	N/A

Plan Assets

In managing the Plan assets, the university's objective is to be a responsible fiduciary while minimizing financial risk. Plan assets include a diversified mix of fixed income securities and equity securities across a range of sectors and levels of capitalization to maximize the long-term return for a prudent level of risk. In addition to producing a reasonable return, the investment strategy seeks to minimize the volatility in the university's expense and cash flow. The target allocation for pension benefit plan assets is 50% equity securities and 50% fixed income securities.

As described in Note 1, the university uses a hierarchy to report invested assets, including the invested assets of the Plan. Following is a description of the valuation methodologies used for assets measured at fair value.

Fair Value

The Plan's interest in collective trusts is valued based on the net asset value information reported by the investment advisor. The fund is valued at the normal close of trading on the New York Stock Exchange every day the exchange is open (a "Business Day"). Equity securities are valued at the official closing price of, or the last reported sales price on, the exchange or market on which such securities are traded, as of the close of business on the day the securities are being valued or at the last available bid price. In cases where equity securities are traded on more than one exchange, the securities are valued on the exchange or market determined to be the most representative market, which may be either a securities exchange or the over-the-counter market. Short-term investments are carried at fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Notes to Consolidated Financial Statements

Note 12 (continued)

At June 30, 2018, a summary of fair value measurements by level for Plan investments measured at fair value on a recurring basis is as follows (in thousands):

	Level I	Level II	Level III	NAV	Total
Collective Trust Funds:					
Short-term investment fund		\$3,647			\$3,647
Equity securities		99,114			99,114
Fixed income securities		106,080			106,080
Total		\$208,841			\$208,841

At June 30, 2017, a summary of fair value measurements by level for investments measured at fair value on a recurring basis is as follows (in thousands):

	Level I	Level II	Level III	NAV	Total
Collective Trust Funds:					
Short-term investment fund		\$2,062			\$2,062
Equity securities		145,125			145,125
Fixed income securities		43,787			43,787
Total		\$190,974			\$190,974

Allocation of Assets

The year-end asset allocation, which approximates the weighted-average allocation for the Plan assets as of June 30 and in comparison to target percentages for each asset category, is as follows:

Asset Category	Actual at June 30, 2018	Target at June 30, 2018	Actual at June 30, 2017	Target at June 30, 2017
Short-term investment fund	1.7%	0.0%	1.1%	0.0%
Equity securities	47.5%	50.0%	76.0%	75.0%
Fixed income securities	50.8%	50.0%	22.9%	25.0%
Total	100.0%	100.0%	100.0%	100.0%

The portfolio is evaluated annually or when the actual allocation percentages are plus or minus 2% of the stated target allocation percentages. Changes in policy may be indicated as a result of changing market conditions or anticipated changes in the pension plan's needs. Prohibited transactions include investment transactions prohibited by the Employee Retirement Income Security Act of 1974 and speculative investments including commodities or unregistered stock without specific prior approval by the university's Investment Committee.

Contributions

No contribution to the Plan is required to be made during the fiscal year ending June 30, 2019. At this time, it is anticipated that the university will make discretionary contributions to the pension plan during the next fiscal year, although the total amount of such contributions has not yet been determined.

Estimated Future Benefit Payments

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid (in thousands):

Fiscal Year Ending June 30

2019	\$11,207
2020	11,740
2021	12,317
2022	12,849
2023	13,249
2024-2028	69,424

Notes to Consolidated Financial Statements

Note 13

Net Assets:

The university's net assets as of June 30, 2018, includes the following (in thousands):

	Year Ended June 30, 2018	
Nature of Specific Net Assets	Without Donor Restrictions	Total Net Assets
Designated	\$1,252,267	\$1,252,267
Donor-restricted		139,755
Pledges		570,186
Unexpended endowment income	295,792	295,792
Annuity and living trusts		168,332
Donor-restricted endowment funds		4,060,117
Board-designated endowment funds	1,484,150	1,484,150
Debt service funds	121,413	121,413
Invested in plant	1,177,519	1,177,519
Total	\$4,331,141	\$9,269,531

The university's net assets as of June 30, 2017, includes the following (in thousands):

	Year Ended June 30, 2017	
Nature of Specific Net Assets	Without Donor Restrictions	Total Net Assets
Designated	\$1,223,092	\$1,223,092
Donor-restricted		125,226
Pledges		628,633
Unexpended endowment income	266,144	266,144
Annuity and living trusts		149,323
Donor-restricted endowment funds		3,725,821
Board-designated endowment funds	1,404,699	1,404,699
Debt service funds	106,380	106,380
Invested in plant	1,150,900	1,150,900
Total	\$4,151,215	\$8,780,218

Notes to Consolidated Financial Statements

Note 14

Functional Expenses:

Expenses are presented below by functional classification in accordance with the overall service mission of the university. Each functional classification displays all expenses related to the underlying operations by natural classification. Depreciation expense is allocated based on square footage occupancy. Interest expense on external debt is allocated to the functional categories which have benefited from the proceeds of the external debt. Plant operations and maintenance represents space related costs which are allocated to the functional categories directly and/or based on the square footage occupancy.

For the year ended June 30, 2018, functional expense consists of the following (in thousands):

	Academic, Health Care and Student Services	Support Services	Fundraising Activities	Year Ended June 30, 2018
Compensation	\$1,850,553	\$321,320	\$35,970	\$2,207,843
Fringe benefits	480,922	107,207	12,381	600,510
Operating expenses	1,086,780	390,897	14,336	1,492,013
Cost of goods sold	87,895	49,188		137,083
Travel	51,256	12,041	842	64,139
Settlement		215,000		215,000
Allocations:				
Depreciation	180,797	78,514	2,151	261,462
Interest	22,332	43,393		65,725
Plant operations and maintenance	170,212	(173,139)	2,927	
Total	\$3,930,747	\$1,044,421	\$68,607	\$5,043,775

For the year ended June 30, 2017, functional expense consists of the following (in thousands):

	Academic, Health Care and Student Services	Support Services	Fundraising Activities	Year Ended June 30, 2017
Compensation	\$1,698,766	\$309,213	\$32,920	\$2,040,899
Fringe benefits	388,758	92,508	10,129	491,395
Operating expenses	964,585	334,092	14,954	1,313,631
Cost of goods sold	63,389	49,436		112,825
Travel	47,999	11,314	810	60,123
Allocations:				
Depreciation	175,132	70,106	173	245,411
Interest	17,448	50,561		68,009
Plant operations and maintenance	162,641	(162,894)	253	
Total	\$3,518,718	\$754,336	\$59,239	\$4,332,293

Notes to Consolidated Financial Statements

Note 15

Commitments and Contingencies

Contractual commitments for educational plant amounted to approximately \$132,631,000 and \$142,456,000 at June 30, 2018 and 2017, respectively. It is expected that the resources to satisfy these commitments will be provided from certain unexpended plant net assets, anticipated contributions and/or debt proceeds.

During the year ended June 30, 2007, the university entered into an agreement with the County of Los Angeles to provide professional services at Los Angeles County+USC Medical Center. Under the terms of the agreement, the contract automatically renews on an annual basis unless either party gives four years' notice of the termination. To date, no such notice has been provided by either party.

The university is contingently liable as guarantor on certain obligations relating to equipment loans, student and parent loans and various campus organizations.

In the normal course of its activities, the university has been a party in various legal actions. Historically, the university has not experienced material losses from such actions. In the opinion of university management, after consultation with legal counsel, the liability, if any, for the aforementioned matters will not have a material effect on the university's financial position.

During the year ended June 30, 2018, the university was named in lawsuits in state and federal court in connection with alleged misconduct by a physician who was previously employed by the university and practiced at the university student health center; this individual was alleged to have engaged in inappropriate conduct and made inappropriate statements to patients. The university has been named in both federal and state court civil lawsuits. On October 9, 2018, the university and the federal plaintiffs reached an agreement in principle for a federal class action settlement of \$215 million, plus attorneys' fees not to exceed \$25 million. The settlement will ultimately need to be approved by the court. For the year ended June 30, 2018, the university has recorded a liability for the federal class action settlement of \$215 million. While the university expects that a significant portion of the settlement will be covered by insurance, no insurance reimbursements for settlements have been received to date. Amounts of future insurance reimbursements are unknown as of June 30, 2018, and as a result no insurance recovery accruals have been recorded in the 2018 financial statements. The outcome of the state court lawsuits is unknown at June 30, 2018, and therefore, no accruals for future costs have been recorded in the 2018 consolidated financial statements. It is possible that additional individuals may file similar actions. The outcome of the pending and potential litigation is unknown as of June 30, 2018, but the university recognizes that the ultimate outcome may have a material impact on the university's financial position.

Note 16

Grants and Contracts:

Executed contracts, grants, subcontracts and cooperative agreements for future sponsored research activity which are not reflected in the consolidated financial statements at June 30 are summarized as follows (in thousands):

	2018	2017
Current sponsored awards	\$764,272	\$756,757
Executed grants and contracts for future periods	1,192,476	800,997
Total	\$1,956,748	\$1,557,754

Note 17

Related parties

Members of the Board of Trustees and senior management may, from time to time, be associated, either directly or indirectly, with companies doing business with the university. For senior management, the university requires annual disclosure of significant financial interest in entities doing business with the university. These annual disclosures cover both senior management and their immediate family members. When such relationships exist, measures are taken to appropriately manage the actual or perceived conflict in the best interests of the university. The university has a written conflict of interest policy that requires, among other things, that no member of the Board of Trustees can participate in any decision in which he or she or an immediate family member has a material financial interest. Each trustee is required to certify compliance with the conflict of interest policy on an annual basis and indicate whether the university does business with an entity in which a trustee has a material financial interest. When such relationships exist, measures are taken to mitigate any actual or perceived conflict, including requiring the recusal of the conflicted trustee and that such transactions be conducted at arm's length, for good and sufficient consideration, based on terms that are fair and reasonable to and for the benefit of the university, and in accordance with applicable conflict of interest laws.

Note 18

Subsequent events

The university has performed an evaluation of subsequent events through November 21, 2018, which is the date the financial statements were issued.

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2018-2019 Budget

2019 Summary of Budgeted Operating Revenues and Expenses

2018-19 Budget / in thousands

	Undesignated Budget					
	Education and General			Health Care Services		
	2017-18 Budget	2018-19 Budget	Percent Change	2017-18 Budget	2018-19 Budget	Percent Change
Revenues						
Tuition and Fees	\$1,948,137	\$2,071,740	6.3%			
Less Student Aid	(462,386)	(481,481)	4.1%		(\$52)	
Net Tuition and Fees	1,485,751	1,590,259	7.0%		(52)	
Endowment Income	92,828	95,668	3.1%			
Investment Income	3,500	9,600	+100.0%	\$145	149	2.8%
Gifts	40,836	47,085	15.3%			
Contracts and Grants - Direct						
Recovery of Indirect Costs:						
Contracts and Grants	136,906	142,213	3.9%			
Endowments/Gifts	22,051	23,491	6.5%			
Auxiliary Enterprises	386,285	384,237	(0.5%)			
Sales and Service and Other Sources	181,913	193,414	6.3%	1,790,941	1,917,989	7.1%
Total Revenues	\$2,350,070	\$2,485,967	5.8%	\$1,791,086	\$1,918,086	7.1%
Expenses						
Compensation:						
Faculty Salaries	\$443,275	\$469,429	5.9%	\$269,775	\$295,363	9.5%
Other Salaries and Wages	648,910	689,905	6.3%	531,542	589,775	11.0%
Employee Benefits	297,800	315,258	5.9%	212,687	243,332	14.4%
Total Compensation	1,389,985	1,474,592	6.1%	1,014,004	1,128,470	11.3%
Current Expense	576,287	625,083	8.5%	643,632	617,677	(4.0%)
Capital Financing	126,437	123,460	(2.4%)	15,134	21,362	41.2%
Professional Services	85,062	87,864	3.3%	63,685	93,317	46.5%
Equipment/Library	33,483	33,063	(1.3%)	4,752	4,252	(10.5%)
Utilities/Telephone	62,656	67,324	7.5%	9,724	11,522	18.5%
Off-campus Facilities	20,964	20,185	(3.7%)	3,241	3,922	21.0%
Travel	29,538	29,722	0.6%	2,617	3,374	28.9%
Rentals and Leases	25,658	24,674	(3.8%)	34,297	34,190	(0.3%)
Total Expenses	\$2,350,070	\$2,485,967	5.8%	\$1,791,086	\$1,918,086	7.1%

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2019 Colleges, Schools, Centers and Institutes

Individual Revenue Center Summary / 2018-19 Budget / in thousands

	<u>USC Annenberg School for Communication and Journalism</u>		<u>USC School of Architecture</u>		<u>USC Bovard College</u>		<u>USC School of Cinematic Arts</u>	
	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated
Revenues								
Direct	\$67,199	\$15,063	\$20,881	\$2,133	\$31,869		\$59,520	\$13,332
Center	85,380	15,063	27,317	2,133	33,428		79,969	13,332
UG Student Aid Fund	(15,019)		(5,001)		(748)		(16,971)	
Facilities Improvement Fund	(3,162)		(1,435)		(811)		(3,478)	
Indirect	(5,220)		(2,952)		(3,142)		(7,166)	
Participation	(6,916)		(2,952)		(3,142)		(8,136)	
Academic Initiatives	150						365	
Provost's Initiatives							97	
Graduate Programs	1,546						508	
Total Revenues	\$61,979	\$15,063	\$17,929	\$2,133	\$28,727		\$52,354	\$13,332

Expenses								
Direct	\$46,741	\$15,063	\$12,360	\$2,133	\$23,692		\$34,294	\$13,332
Indirect	15,238		5,569		5,035		18,060	
Allocated Central Costs	14,103		4,779		5,002		15,281	
Facilities Based	1,135		790		33		2,779	
Total Expenses	\$61,979	\$15,063	\$17,929	\$2,133	\$28,727		\$52,354	\$13,332

	<u>USC Leonard Davis School of Gerontology</u>		<u>USC Dornsife College of Letters, Arts and Sciences</u>		<u>USC School of Dramatic Arts</u>		<u>USC Suzanne Dworak-Peck School of Social Work</u>	
	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated
Revenues								
Direct	\$22,496	\$10,695	\$333,888	\$112,743	\$13,572	\$836	\$153,072	\$8,071
Center	26,142	10,695	495,057	112,743	20,003	836	158,031	8,071
UG Student Aid Fund	(2,687)		(141,345)		(5,603)		(88)	
Facilities Improvement Fund	(959)		(19,824)		(828)		(4,871)	
Indirect	(85)		(7,942)		(1,385)		(8,423)	
Participation	(2,417)		(47,829)		(1,906)		(9,061)	
Academic Initiatives	1,000		19,475		406			
Provost's Initiatives			212		115		113	
Graduate Programs	1,332		20,200				525	
Total Revenues	\$22,411	\$10,695	\$325,946	\$112,743	\$12,187	\$836	\$144,649	\$8,071

Expenses								
Direct	\$17,339	\$10,695	\$205,634	\$112,743	\$8,310	\$836	\$131,776	\$8,071
Indirect	5,072		120,312		3,877		12,873	
Allocated Central Costs	4,141		103,319		2,983		12,249	
Facilities Based	931		16,993		894		624	
Total Expenses	\$22,411	\$10,695	\$325,946	\$112,743	\$12,187	\$836	\$144,649	\$8,071

	<u>USC Gould School of Law</u>		<u>Graduate Programs</u>		<u>USC Institute for Creative Technologies</u>		<u>USC Jimmy Iovine and Andre Young Academy</u>	
	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated
Revenues								
Direct	\$53,404	\$6,569	\$47,129	\$251	\$4,716	\$30,022	\$11,346	\$468
Center	57,895	6,569	47,129	251	4,716	30,022	13,046	468
UG Student Aid Fund	(1,032)						(1,377)	
Facilities Improvement Fund	(3,459)						(323)	
Indirect	(1,526)		(40,906)		134		(711)	
Participation	(6,526)				(472)		(711)	
Academic Initiatives	2,500		17,000		300			
Provost's Initiatives	2,500							
Graduate Programs			(57,906)		306			
Total Revenues	\$51,878	\$6,569	\$6,223	\$251	\$4,850	\$30,022	\$10,635	\$468

Expenses

Direct	\$38,791	\$6,569	\$6,223	\$251	\$3,390	\$30,022	\$10,066	\$468
Indirect	13,087				1,460		569	
Allocated Central Costs	11,771				1,460		538	
Facilities Based	1,316						31	
Total Expenses	\$51,878	\$6,569	\$6,223	\$251	\$4,850	\$30,022	\$10,635	\$468

	<u>USC Gloriana Kaufman School of Dance</u>		<u>USC Marshall School of Business</u>		<u>USC Sol Price School of Public Policy</u>		<u>USC Roski School of Art and Design</u>	
	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated
Revenues								
Direct	\$6,255	\$44	\$217,248	\$23,913	\$59,078	\$27,549	\$12,527	\$363
Center	9,473	44	276,641	23,913	67,769	27,549	17,846	363
UG Student Aid Fund	(2,835)		(47,022)		(5,846)		(4,626)	
Facilities Improvement Fund	(383)		(12,371)		(2,845)		(693)	
Indirect	(873)		(25,323)		(4,947)		(1,541)	
Participation	(888)		(26,536)		(5,981)		(1,581)	
Academic Initiatives					50		40	
Provost's Initiatives	15				265			
Graduate Programs			1,213		719			
Total Revenues	\$5,382	\$44	\$191,925	\$23,913	\$54,131	\$27,549	\$10,986	\$363

Expenses

Direct	\$4,790	\$44	\$142,056	\$23,913	\$41,706	\$27,549	\$8,041	\$363
Indirect	592		49,869		12,425		2,945	
Allocated Central Costs	579		47,186		11,538		2,533	
Facilities Based	13		2,683		887		412	
Total Expenses	\$5,382	\$44	\$191,925	\$23,913	\$54,131	\$27,549	\$10,986	\$363

2019 Colleges, Schools, Centers and Institutes

Individual Revenue Center Summary / 2018-19 Budget / in thousands

	USC Rossier School of Education		USC Thornton School of Music		USC Viterbi School of Engineering Academic Programs		USC Viterbi School of Engineering Information Sciences Institute	
	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated
Revenues								
Direct	\$72,519	\$18,295	\$34,331	\$1,643	\$202,098	\$93,210	\$8,276	\$89,145
Center	75,621	18,295	47,024	1,643	240,795	93,210	8,276	89,145
UG Student Aid Fund	(534)		(10,722)		(27,609)			
Facilities Improvement Fund	(2,568)		(1,971)		(11,088)			
Indirect	(3,893)		(896)		1,890		994	
Participation	(5,203)		(4,436)		(24,377)		(870)	
Academic Initiatives			3,500		7,000		564	
Provost's Initiatives								
Graduate Programs	1,310		40		19,267		1,300	
Total Revenues	\$68,626	\$18,295	\$33,435	\$1,643	\$203,988	\$93,210	\$9,270	\$89,145
Expenses								
Direct	\$58,147	\$18,295	\$24,064	\$1,643	\$144,950	\$93,210	\$5,634	\$89,145
Indirect	10,479		9,371		59,038		3,636	
Allocated Central Costs	9,738		8,021		49,800		3,636	
Facilities Based	741		1,350		9,238			
Total Expenses	\$68,626	\$18,295	\$33,435	\$1,643	\$203,988	\$93,210	\$9,270	\$89,145

	Total Colleges, Schools, Centers and Institutes	
	Undesignated	Designated
Revenues		
Direct	\$1,431,424	\$454,345
Center	1,791,558	454,345
UG Student Aid Fund	(289,065)	
Facilities Improvement Fund	(71,069)	
Indirect	(113,913)	
Participation	(159,940)	
Academic Initiatives	52,350	
Provost's Initiatives	3,317	
Graduate Programs	(9,640)	
Total Revenues	\$1,317,511	\$454,345
Expenses		
Direct	\$968,004	\$454,345
Indirect	349,507	
Allocated Central Costs	308,657	
Facilities Based	40,850	
Total Expenses	\$1,317,511	\$454,345

2019 Health Sciences Schools and Health Care Services

Individual Revenue Center Summary / 2018-19 Budget / in thousands

	Keck School of Medicine of USC		Herman Ostrow School of Dentistry of USC		USC School of Pharmacy		Total Health Sciences Schools	
	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated
Revenues								
Direct	\$231,529	\$296,411	\$128,417	\$19,693	\$92,497	\$10,089	\$452,443	\$326,193
Center	239,410	296,411	137,380	19,693	95,409	10,089	472,199	326,193
UG Student Aid Fund	(3,389)		(3,138)		(377)		(6,904)	
Facilities Improvement Fund	(4,492)		(5,825)		(2,535)		(12,852)	
Indirect	7,056		(10,678)		(2,816)		(6,438)	
Participation	(15,083)		(12,179)		(4,816)		(32,078)	
Academic Initiatives	16,000						16,000	
Provost's Initiatives								
Graduate Programs	6,139		1,501		2,000		9,640	
Total Revenues	\$238,585	\$296,411	\$117,739	\$19,693	\$89,681	\$10,089	\$446,005	\$326,193

Expenses								
Direct	\$162,146	\$296,411	\$88,283	\$19,693	\$75,482	\$10,089	\$325,911	\$326,193
Indirect	76,439		29,456		14,199		120,094	
Allocated Central Costs	60,318		24,124		12,114		96,556	
Facilities Based	16,121		5,332		2,085		23,538	
Total Expenses	\$238,585	\$296,411	\$117,739	\$19,693	\$89,681	\$10,089	\$446,005	\$326,193

	Keck Medicine of USC		Senior Care		Total Health Care Services	
	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated
Revenues						
Direct	\$1,915,501		\$2,585		\$1,918,086	
Center	1,915,501		2,585		1,918,086	
UG Student Aid Fund						
Facilities Improvement Fund						
Indirect						
Participation						
Academic Initiatives						
Provost's Initiatives						
Graduate Programs						
Total Revenues	\$1,915,501		\$2,585		\$1,918,086	

Expenses						
Direct	\$1,907,223		\$2,585		\$1,909,808	
Indirect	8,278				8,278	
Allocated Central Costs	5,565				5,565	
Facilities Based	2,713				2,713	
Total Expenses	\$1,915,501		\$2,585		\$1,918,086	

2019 Auxiliaries and Athletics

Individual Revenue Center Summary / 2018-19 Budget / in thousands

	Animal Resources		Bookstores		Los Angeles Memorial Coliseum		Hospitality	
	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated
Revenues								
Direct	\$70		\$30,156		\$19,040		\$57,461	
Center	70		30,156		19,040		57,461	
UG Student Aid Fund								
Facilities Improvement Fund								
Indirect							50	
Participation								
Academic Initiatives								
Provost's Initiatives							50	
Graduate Programs								
Total Revenues	\$70		\$30,156		\$19,040		\$57,511	

Expenses								
Direct	(\$2,491)		\$27,415		\$19,040		\$53,190	
Indirect	2,561		2,741				4,321	
Allocated Central Costs	1,056		1,742				1,939	
Facilities Based	1,505		999				2,382	
Total Expenses	\$70		\$30,156		\$19,040		\$57,511	

	Housing		Intercollegiate Athletics		USC Hotel		USC Student Health	
	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated
Revenues								
Direct	\$89,356		\$88,971	\$11,498	\$15,729		\$77,648	
Center	89,356		88,971	11,498	15,729		77,648	
UG Student Aid Fund								
Facilities Improvement Fund								
Indirect								
Participation								
Academic Initiatives								
Provost's Initiatives								
Graduate Programs								
Total Revenues	\$89,356		\$88,971	\$11,498	\$15,729		\$77,648	
Expenses								
Direct	\$64,600		\$73,948	\$11,498	\$15,075		\$72,917	
Indirect	24,756		15,023		654		4,731	
Allocated Central Costs	18,633		11,437		639		3,912	
Facilities Based	6,123		3,586		15		819	
Total Expenses	\$89,356		\$88,971	\$11,498	\$15,729		\$77,648	

	Transportation		USC Radio		USC Village		Total Auxiliaries and Athletics	
	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated
Revenues								
Direct	\$25,085		\$14,091	\$1,443	\$6,790		\$424,397	\$12,941
Center	25,085		14,091	1,443	6,790		424,397	12,941
UG Student Aid Fund								
Facilities Improvement Fund								
Indirect							50	
Participation								
Academic Initiatives								
Provost's Initiatives							50	
Graduate Programs								
Total Revenues	\$25,085		\$14,091	\$1,443	\$6,790		\$424,447	\$12,941
Expenses								
Direct	\$13,497		\$12,973	\$1,443	\$6,242		\$356,406	\$12,941
Indirect	11,588		1,118		548		68,041	
Allocated Central Costs	8,987		1,118		548		50,011	
Facilities Based	2,601						18,030	
Total Expenses	\$25,085		\$14,091	\$1,443	\$6,790		\$424,447	\$12,941

2019 Classification by Center

2018-19 Budget / in thousands

	Colleges, Schools, Centers and Institutes		Health Sciences Schools		Health Care Services	
	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated
Revenues						
Direct	\$1,431,424	\$454,345	\$452,443	\$326,193	\$1,918,086	
Center	1,791,558	454,345	472,199	326,193	1,918,086	
UG Student Aid Fund	(289,065)		(6,904)			
Facilities Improvement Fund	(71,069)		(12,852)			
Indirect	(113,913)		(6,438)			
Participation	(159,940)		(32,078)			
Academic Initiatives	52,350		16,000			
Provost's Initiatives	3,317					
Graduate Programs	(9,640)		9,640			
Total Revenues	\$1,317,511	\$454,345	\$446,005	\$326,193	\$1,918,086	

Expenses						
Direct	\$968,004	\$454,345	\$325,911	\$326,193	\$1,909,808	
Indirect	349,507		120,094		8,278	
Allocated Central Costs	308,657		96,556		5,565	
Facilities Based	40,850		23,538		2,713	
Total Expenses	\$1,317,511	\$454,345	\$446,005	\$326,193	\$1,918,086	

	Auxiliaries and Athletics		Total Revenue Centers		Administrative Centers	
	Undesignated	Designated	Undesignated	Designated	Undesignated	Designated
Revenues						
Direct	\$424,397	\$12,941	\$4,226,350	\$793,479	\$151,130	\$71,338
Center	424,397	12,941	4,606,240	793,479	(228,760)	71,338
UG Student Aid Fund			(295,969)		295,969	
Facilities Improvement Fund			(83,921)		83,921	
Indirect	50		(120,301)			
Participation			(192,018)			
Academic Initiatives			68,350			
Provost's Initiatives	50		3,367			
Graduate Programs						
Total Revenues	\$424,447	\$12,941	\$4,106,049	\$793,479	\$151,130	\$71,338

Expenses						
Direct	\$356,406	\$12,941	\$3,560,129	\$793,479	\$697,050	\$71,338
Indirect	68,041		545,920		(545,920)	
Allocated Central Costs	50,011		460,789		(460,789)	
Facilities Based	18,030		85,131		(85,131)	
Total Expenses	\$424,447	\$12,941	\$4,106,049	\$793,479	\$151,130	\$71,338

	Provost Funding		Total University		Grand Total
	Undesignated	Designated	Undesignated	Designated	
Revenues					
Direct	\$26,573		\$4,404,053	\$864,817	\$5,268,870
Center	26,573		4,404,053	864,817	5,268,870
UG Student Aid Fund					
Facilities Improvement Fund					
Indirect	120,301				
Participation	192,018				
Academic Initiatives	(68,350)				
Provost's Initiatives	(3,367)				
Graduate Programs					
Total Revenues	\$146,874		\$4,404,053	\$864,817	\$5,268,870
Expenses					
Direct	\$146,874		\$4,404,053	\$864,817	\$5,268,870
Indirect					
Allocated Central Costs					
Facilities Based					
Total Expenses	\$146,874		\$4,404,053	\$864,817	\$5,268,870

Definitions:

Direct Revenues and Direct Expenses in Revenue Centers include all categories displayed in the Summary of Budgeted Operating Revenues and Expenses.

Center Revenues are directly generated by the center less any financial aid paid from center funds.

The Undergraduate Student Aid is centrally administered and charged to academic centers on a predetermined percent of undergraduate tuition. For fiscal year 2018-2019, the rate is 30.0%.

Indirect Revenues are the sum of Participation, Academic Initiatives, Provost's Initiatives and Graduate Programs.

Participation is a tax on gross tuition revenue, recovery of indirect costs, sales and service and other sources. For fiscal year 2018-2019, the rate ranges from 9.4% to 10.0%.

Academic Initiatives funding is for specific activities for a limited time period.

Provost's Initiatives funding is allocated from centrally controlled funds to support university priorities.

Graduate Programs funding is provided to schools in support of graduate education. All PhD tuition is centralized and allocated to various schools based on academic priorities.

Indirect Expenses are the sum of Allocated Central Costs and Facilities Based Indirects and equal the net budgets of administrative centers (see Individual Administrative Centers 2018-2019 Budget by Presidential and Senior Vice Presidential Responsibility Area).

Allocated Central Costs are central administrative costs that benefit the university as a whole and are allocated to revenue centers.

Facilities Based Indirects are space related costs that can be linked directly to a center's occupancy.

2019 Individual Administrative Centers by Presidential and Senior Vice Presidential Responsibility Area

2018-19 Budget / in thousands

	Net Operating Budget	Employee Benefits Budget
President		
President's Office	\$4,384	
Total	\$4,384	—

Provost and Senior Vice President for Academic Affairs

Academic Affairs	\$6,778	
Enrollment Services	19,211	
Faculty Affairs		\$464
Faculty Sabbaticals		16,500
Global Initiatives	3,462	
Office of Research	10,573	
Provost's Office	18,012	
Student Affairs	13,207	36
University Art Galleries	750	
University Libraries	42,377	
USC Stevens Center for Innovation	4,171	
Total	\$118,541	\$17,000

Senior Vice President, Administration

Audit Services	\$2,013	
USC Center for Work and Family Life		\$1,183
Compliance	4,406	
Department of Public Safety	48,890	26,828
General Counsel	20,120	
Human Resources	3,696	14,436
Senior Vice President's Office	7,412	
Tram, Campus Cruiser and Rideshare	10,927	189
University Real Estate	9,098	
Total	\$106,562	\$42,636

Senior Vice President, Finance and CFO

Budget and Treasury	\$5,166	\$3,885
Campus Development	4,440	
Comptroller	9,497	614,579
Corporate Expense	51,073	
Facilities Management Services	103,115	
Financial and Business Services	18,321	
Information Technology Services	66,373	
Major Maintenance and Renovation	2,057	
Senior Vice President's Office	5,067	
Total	\$265,109	\$618,464

Senior Vice President, University Advancement

Senior Vice President's Office	\$35,421	
USC Alumni Association	2,264	
Total	\$37,685	—

Senior Vice President, University Relations

University Relations	\$13,639	
Total	\$13,639	—

Employee Benefit Recoveries		(\$678,100)
Total Administrative Centers	\$545,920	—

Undergraduate Student Aid Fund	\$295,969	
Facilities Improvement Fund	83,921	
Grand Total	\$925,810	—

Role and Mission of the University of Southern California

The central mission of the University of Southern California is the development of human beings and society as a whole through the cultivation and enrichment of the human mind and spirit. The principal means by which our mission is accomplished are teaching, research, artistic creation, professional practice and selected forms of public service.

Our first priority as faculty and staff is the education of our students, from freshmen to postdoctorals, through a broad array of academic, professional, extracurricular and athletic programs of the first rank. The integration of liberal and professional learning is one of USC's special strengths. We strive constantly for excellence in teaching knowledge and skills to our students, while at the same time helping them to acquire wisdom and insight, love of truth and beauty, moral discernment, understanding of self, and respect and appreciation for others.

Research of the highest quality by our faculty and students is fundamental to our mission. USC is one of a very small number of premier academic institutions in which research and teaching are inextricably intertwined, and on which the nation depends for a steady stream of new knowledge, art and technology. Our faculty are not simply teachers of the works of others, but active contributors to what is taught, thought and practiced throughout the world.

USC is pluralistic, welcoming outstanding men and women of every race, creed and background. We are a global institution in a global center, attracting more international students over the years than any other American university. And we are private, unfettered by political control, strongly committed to academic freedom, and proud of our entrepreneurial heritage.

An extraordinary closeness and willingness to help one another are evident among USC students, alumni, faculty, and staff; indeed, for those within its compass the Trojan Family is a genuinely supportive community. Alumni, trustees, volunteers and friends of USC are essential to this family tradition, providing generous financial support, participating in university governance, and assisting students at every turn.

In our surrounding neighborhoods and around the globe, USC provides public leadership and public service in such diverse fields as health care, economic development, social welfare, scientific research, public policy and the arts. We also serve the public interest by being the largest private employer in the city of Los Angeles, as well as the city's largest export industry in the private sector.

USC has played a major role in the development of Southern California for more than a century, and plays an increasingly important role in the development of the nation and the world. We expect to continue to play these roles for many centuries to come. Thus our planning, commitments and fiscal policies are directed toward building quality and excellence in the long term.

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*Produced by the
Office of the University
Comptroller, 2018*

Design: Rick Simner Design

Printing: The Pace Group



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